


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 288814</b> 1. Entity Name BAYOU MANAGEMENT CO.	
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Principal Place of Business 7979 BAYOU CLUB BOULEVARD LARGO, FL 33777 US	Mailing Address 7979 BAYOU CLUB BOULEVARD LARGO, FL 33777 US
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**DO NOT WRITE IN THIS SPACE**

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1089241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, AILEEN S.  
100 SO ASHLEY DRIVE  
STE 1500  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBIN, DAVID M. 222 N. LASALLE ST #800 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANKIEWICZ, THERESA O 3600 THAYER CT SUITE 100 AURORA, IL 60504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NASSAU, RICHARD J. 222 N. LASALLE ST. 1000 CHICAGO, IL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CROWN, WILLIAM H. 222 N. LASALLE ST. 1000 CHICAGO, IL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOODMAN, CHARLES H 222 N. LASALLE ST #2000 CHICAGO, IL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COHEN, MEL 222 N. LASALLE ST. 1000 CHICAGO, IL

UN00000100443  
04/01/04-80007-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matt Kanzer* **Matt Kanzer** Bayou mgmt Co. 3-22-04 847-832-2436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #