

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 288814  
 1. Entity Name  
 BAYOU MANAGEMENT CO.



Principal Place of Business  Mailing Address  
 7979 BAYOU CLUB BOULEVARD 7979 BAYOU CLUB BOULEVARD  
 LARGO, FL 33777 US LARGO, FL 33777 US

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1089241 Applied For Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000252862  
 03/07/05-80004-004 150.00

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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* *as agent for Bayou mgmt. Co.* 3-1-05 847-832-2436

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