

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007556

1. Entity Name
9195 SURFSIDE MEMBERS, LLC



Principal Place of Business
1212 N. LASALLE, STE. 110
CHICAGO, IL 60610

Mailing Address
1212 N. LASALLE, STE. 110
CHICAGO, IL 60610



07072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4443459

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent; signature required when rehashing)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOME BY INVSCO, INC.
1212 N. LASALLE, STE. 110
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
9195 SURFSIDE CONSULTING, INC.
1212 N. LASALLE, STE. 110
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000373611
07/19/05-80006-003 55.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

Anthony R. Di Benedetto

SIGNATURE: *Anthony R. Di Benedetto* Secretary of Manager 7-11-05 (34) 585-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #