

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007555
 1. Entity Name
 9195 SURFSIDE, LLC



Principal Place of Business: 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610
 Mailing Address: 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610

DO NOT WRITE IN THIS SPACE



07072005 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 36-4443463 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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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: _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 9195 SURFSIDE MEMBERS, LLC 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 9195 SURFSIDE CONSULTANTS, INC. 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
Steven E. Gouletas
 SIGNATURE: _____ MANAGING MEMBER 7-13-05 312/595-4718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #