2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000007555

1. Entity Name 9195 SURFSIDE, LLC



Principal Place of Business

1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610

Mailing Address

1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610

FILED Mar 02, 2007 08:00 A Secretary of State



02092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4443463

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007			000000655157 03/13/07-80095-006 55.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9195 SURFSIDE MEMBERS, LLC 1030 NORTH CLARK STREET, SUITE 300 CHICAGO, IL 60610		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9195 SURFSIDE CONSULTANTS, INC. 1030 NORTH CLARK STREET, SUITE 300 CHICAGO, IL 60610		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T NI	THIS SPACE
TITLE NAME STREET ADDRESS			•
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			