2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000007556

1. Entity Name
9195 SURFSIDE MEMBERS, LLC

Principal Place of Business	Mailing Address
1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610	1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610

DO NOT WRITE IN THIS SPACE

02092007 No Chg-LLC CR2E083 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000655165
03/13/07-80095-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOME BY INVSCO, INC.
STREET ADDRESS	1030 NORTH CLARK STREET, SUITE 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	M
NAME	9195 SURFSIDE CONSULTING, INC.
STREET ADDRESS	1030 NORTH CLARK STREET, SUTIE 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Secretary to Managing Member Anthony R. DiBenedetto 2-18-07 312-595-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #