

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 288814 1. Entity Name BAYOU MANAGEMENT CO.	
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Principal Place of Business 7979 BAYOU CLUB BOULEVARD LARGO, FL 33777 US	Mailing Address 7979 BAYOU CLUB BOULEVARD LARGO, FL 33777 US
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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

**DO NOT WRITE
IN THIS SPACE**

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03/16/06-80035-019 150.00

12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06 847-832-2436
Date Daytime Phone #