## FILED May 09, 2005 8:00 am Secretary of State

<b>2</b> 005	FUK	PKUFI	ILC	IKPUI	KAH	IUr
	Α	NNUA	L REI	PORT		

1. Entity Nam	MENT # F04000006	377				5 90298 030 ***15			
ATTN; DAVII	STADT ROAD	Mailing Address ATTN; DAVID ROHLFIN 5101 DARMSTADT RO HILLSIDE, IL 60162		1/20/00 1	71 BENI SIBN BENI BENI B	50051	108:		
2. Principal F	Place of Business , W. MIChigan AVC	3. Mailing Address	Michigan	AVE					
Suite, Apt.	#, etc. 1580	Suite, Apt. #, etc.	580	04252005	Chg-P	CR2E034 (10/03)			
City & Stat	e Chicago IL	City & State Chica	igo IL	4. FEI Numb	Der 30-027	$n_{\square}$	pplied For lot Applicable		
60601	Codntry USA	Zip 60601	Country USA	5. Certificate	e of Status Desired	See Require			
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New	Registered Agent			
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Coo	de		
	e named entity submits this statement fo	r the purpose of changing its	registered office or re	gistered agent, or bo	oth, in the State of F	lorida. I am familiar with	, and accept		
SIGNATURE.	-			·					
	Signature, typed or printed itame of registered agent a	and title if applicable. (NOT	E: Registered Agent signature is	equired when reinstating)	1	DAIE			
	E NOW!!!FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Conf		\$5.00 May Be Added to Fees					
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR			
NAME STREET ADDRESS CITY-ST-ZIP	HABER, WARREN 711 FIFTH AVENUE, 5TH FLOOI NEW YORK, NY 10022	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE	D	☐ Delete	TITLE			Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	TEEGER, JOHN 711 FIFTH AVENUE, 5TH FLOOI NEW YORK, NY 10022	₹	NAME STREET ADDRESS CITY-ST-ZIP				3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROHLFING, DAVID 33 WEST HURON, #801 CHICAGO, IL 60610	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S WILLS, SCOTT 1510 WEISBROOK ROAD WHEATON, IL 60187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
indicated of the co	certify that the information supplied with don this report or supplemental report is rporation or the receiver or trustee empor, or on an attachment with an address.	true and securate and that report	my signature shall have as required by Chapte	in Section 119.07(3) the same legal effer r 607, Florida Statute	(i), Florida Statutes. ct as if made under es; and that my.nam	I further certify that the it oath; that I am an officer appears in Block 10 o	or director r Block 11 if		