

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007787

Entity Name: SALA BK, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

343 WAINWRIGHT DRIVE  
NORTHBROOK, IL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

343 WAINWRIGHT DRIVE  
NORTHBROOK, IL 60062

**New Mailing Address:**

FEI Number: 36-4379888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WEBSTER, MILTON P III  
Address: 19 SADDLE RIDGE ROAD  
City-St-Zip: OSSINING, NY 10562

Title: MGR ( ) Delete  
Name: GOLDSTEIN, BRUCE I  
Address: 1934 DEERCREST LANE  
City-St-Zip: NORTHBROOK, IL 60062

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WEBSTER, MILTON P III  
Address: 343 WAINWRIGHT DRIVE  
City-St-Zip: NORTHBROOK, IL 60062

Title: MGR (X) Change ( ) Addition  
Name: GOLDSTEIN, BRUCE I  
Address: 343 WAINWRIGHT DRIVE  
City-St-Zip: NORTHBROOK, IL 60062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE GOLDSTEIN

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date