


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

0023750 MB

DOCUMENT # L01000019540

1. Entity Name
ANNA MARIA BEACH, L.L.C.



Principal Place of Business
740 CARRIAGE WAY
DEERFIELD IL 60015
US

Mailing Address
740 CARRIAGE WAY
DEERFIELD IL 60015
US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ROBERT LEE SHAPIRO, P.A.
2401 PGA BOULEVARD
SUITE 272
PALM BEACH GARDENS FL 33410

4. FEI Number **58-2665869**
Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

\$0.00 FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU SULLIVAN, NANCY 2208 79TH STREET WEST BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU MERTZ, PATRICIA 1300 N ASTOR 19B CHICAGO IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU FRANK, JANET 1131 DUNWOODY DRIVE SAINT LOUIS MO 63122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU, FELIX J 13328 WESTERMANN SAINT LOUIS MO 63122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU, PETER 7925 FOREST AVENUE MUNSTER IN 46321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAU MONTGOMERY, ELIZABETH 740 CARRIAGE WAY DEERFIELD IL 60015

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAU FRANK, JANET 76 East Rd. Dune Acres, IN 46304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **SIGNATURE REQUIRED** *Elizabeth N. Montgomery* 847-267-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (4/03)