. . 1

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 24, 2006 08:00 AM Secretary of State

| Principal Place of Business Soi SOUTH NORRES AVE. FOMPAND BEACH, FL 33059  2. Principal Place of Business Suite, Apt. 4, std.   | 1. Emily Name VILLAGE BOULEVARD, LLC  Principal Place of Business 500 SOUTH ANDREWS AVE. FOMPANO BLACH, FL 33069  2. Principal Place of Business Suite, Apt. 6, otc.  City & State  2. Principal Place of Business Suite, Apt. 6, otc.  City & State  3. Mailing Address Suite, Apt. 6, otc.  City & State  City & State  4. FEI Number 45-047*  2/p  Country  2/p  Country  2/p  Country  3. Certificate 4. FEI Number 4.5-047*  ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SLITE 850 FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered spent.  MANAGING MEMBERS/MANAGERS  10.  TILE  MARK  SIREL ADDRESS CITY-51-2P  MARK SIREL ADDRESS CITY-51-2P  Title  SIREL ADDRESS CITY-51-2P  Title  MARK   | Secretary of State   |
|---|--|--|
| SURFANDERS AND EACH, FL 33069  2. Principal Place of Business  Suria, April 4, etc.  City & State  C  | SOU SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1292006  City & State  ANGELO, BARRY & BANTA, P.A.  SUNTRUST CENTER SIS EAST LAS OLAS BLVD., SUITE 850  FT. LAUDERDALE, FL 33301  City  Cit   | Secretary of State   |
| SURFANDERS AND EACH, FL 33069  2. Principal Place of Business  Suria, April 4, etc.  City & State  C  | SOUS SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1292006  City & State  A. FEI Number 45-0477  S. Certificate  B. Name and Address of Current Registered Agent  ANGELO, BARRY & BANTA, P.A.  SUNTRUST CENTER SIS EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  City  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Bignature, speed or printed name of registered agent and etic of explication.  MOTE Registered Agent signature registered agent, or both the obligations of registered agent.  Filling Fee 1s \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  TILE  Bignature, speed or printed name of registered agent and etic of explication.  MOTE Registered Agent signature registered area remarkative)  FILLE MGRM  MANAGING MEMBERS/MANAGERS  CITY-SI-DP  TILE  MGRM  KATCHA, JOSEPH R  SIRELI ADDRESS  CITY-SI-DP  TILE  MANAGING MGRM  |  |
| POMPANO BLACK, FL 33069 POMPANO BLACK, FL 33069  2. Principal Place of Susiness Suite, Apt. 6, etc. Suite,  | POMPANO BEACH, FL 33069  POMPANO BEACH, FL 33069  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  4. FE Number 45-0478  2/p  Country  E. Count   |  |
| Suffe, Apt. 8, etc.  Suffe, Apt. 8, etc.  City & State  A FEI Number  4. FEI Number  5. Centricate of Status Destred  5. Out Applicable  5. Centricate of Status Destred  7. Name and Address of New Registered Agent  ANGELO, BARRY & BANTA, P.A.  Surrest Address (P.O. Box Number is Not Acceptable)  FIL Zip Code  6. The above numered entity submits this statement for the purpose of changing its registered digner, or both, in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this state of Florida. I  | Suite, Apt. #, etc.  City & State  City & State  City & State  A PEI Number 45-047'  Zip  Country  Zip  Country  Zip  Country  S. Certificate  B. Name and Address of Current Registered Agent  7. Name and  ANGELO, BARRY & BANTA, P.A.  Suntraustrice Centrer  Site EAST LAS OLAS BLVD., SUITE 850  FT. LAUDERDALE, FL 33301  City   |  |
| Suffe, Apt. 8, etc.  Suffe, Apt. 8, etc.  City & State  A FEI Number  4. FEI Number  5. Centricate of Status Destred  5. Out Applicable  5. Centricate of Status Destred  7. Name and Address of New Registered Agent  ANGELO, BARRY & BANTA, P.A.  Surrest Address (P.O. Box Number is Not Acceptable)  FIL Zip Code  6. The above numered entity submits this statement for the purpose of changing its registered digner, or both, in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with, and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this State of Florida. I am familiar with and accept the objected digner, or both in this state of Florida. I  | Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1292006  City & State  City & State  A PEI Number 45-047'  Zip  Country  Zip  Country  Zip  Country  S. Certificate  6. Name and Address of Current Registered Agent  7. Name and  ANGELO, BARRY & BANTA, P.A.  Suntrition Centrer  Site EAST LAS OLAS BLVD., SUITE 850  FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  PILLE  MARK  MARK  MARK  ANAC CITY ST- DP  INLE  MARK  MANAC CITY ST- DP  INLE  MARK  MANAC CITY ST- DP  LAKE FOREST, IL 60045  CITY ST- ZP  INLE  MARK  SIRELI ADDRESS  CITY ST- ZP  INLE  MARK  MARK  SIRELI ADDRESS  CITY ST- ZP  INLE  MARK  MARK  SIRELI ADDRESS  CITY ST- ZP  INLE  MARK   | ATTER AND REAL PROPERTY AND REPORT OF THE PROPERTY OF THE PROP |
| City & State  | City & State  City & State  City & State  City & State  A. FEI Number  5. Certificate of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and  Name  ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER  \$15 EAST LAS OLAS BLVD., SUITE 850  FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature, hyed or printed name of registered agent and one if societions.  FILING Fee is \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  10.  TILE  MGRM  HAEGER, KENT C  SIREL ADDRESS CITY-ST-2P  HAMAE  KATCHA, JOSEPH R  MGRM  MGRM  MGRM  MGRM  KATCHA, JOSEPH R  MGRM  MGR |  |
| Zip Country Zip Country Sip Signature of Status Desired Signature Desire  | Zip Country Zip Country 5. Certificate a  8. Name and Address of Current Registered Agent 7. Name and Name  ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER S15 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature, speed or remod name of registered agent and vite if applicable. (MGTE Registered Agent signature required when reinstally)  FIRIT Foe is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 10.  INLE MARK HAEGER, KENT C NAME SITIEL ADDRESS CITY-51-2P  INTLE MARK KATCHA, JOSEPH R  SITIEL ADDRESS SOR KENILWORTH, IL 60043  INLE MAKE SIRELI ADDRESS CITY-51-2P  INLE MAKE SIRELI AD  | Chg-LLC CR2E083 (11/05)  |
| S. Certificate of Status Desired  8. Name and Address of New Registered Agent  Name  ANGELD, BARRY & BANTA, P.A.  Surreut Address (P.O. Box Number is Not Acceptable)  City  FL  ZD 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 objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or b  | 8. Certificate i  8. Name and Address of Current Registered Agent 7. Name and Name  ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature.  Filling Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 10.  THE MGRM MMM HAEGER, KENT C Debte NAME SIRE! ADDRESS CITY-ST-2P LAKE FOREST, IL 60045  CITY-ST-2P  ITILE MGRM KATCHA, JOSEPH R SIRE! ADDRESS CITY-ST-2P KENIL WORTH, IL 60043  Debte NAME SIRE! ADDRESS CITY-ST-2P  HILE MAME MAME SIRE! ADDRESS CITY-ST-2P  HILE MAME SIRE! ADDRESS CITY-ST-2P  H  |  |
| ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDENDALE, FL 33301  City FL Zp Code  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  Filling Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  AMANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  THE NAME  LAKE FOREST, IL 60045  MRRM HAEGER, KENT C 700 NORTH MAYFLOWER  LAKE FOREST, IL 60045  MRRM MRM MRM MRM MRM MRM MRM MRM MRM  | ANGELO, BARRY & BANTA, P.A.  SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of registered agent and one of sopticuote.  (NOTE. Registered Apent signature required when renatating)  Filling Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 10.  TILE MGRM HAEGER, KENT C 700 NORTH MAYFLOWER LAKE FOREST, IL 60045  SIREEI ADDRESS CITY-ST-DP LAKE FOREST, IL 60043  CITY-ST-DP  SIREEI ADDRESS CITY-ST-DP  KENILWORTH, IL 60043  Delote  TILE MAME SIREEI ADDRESS CITY-ST-ZP  NILE MAME SIREEI ADDRESS CITY-ST  |  |
| ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER S15 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  City FL Zip Code  City FL Zip Cod  | ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature. hyped or printed name of registered agent and one of applicable.  Priling Fee is \$50.00 Due by May 1, 2006  8. MANAGING MEMBERS/MANAGERS  PRILE MGRM HAEGER, KENT C STREET ADDRESS CITY-ST-IP LAKE FOREST, IL 60045  INTLE MGRM KATCHA, JOSEPH R SIREET ADDRESS CITY-ST-IP INTLE MAME SIREET ADDRESS CITY-ST-IP INTLE Delate INTLE INTLE DELATE INTLE D  | Address of New Registered Agent  |
| STORES ADDRESS (P.O. Box Number is Not Acceptable)  Storest Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stete of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE  FITIING Foe 1s \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State  FOR MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MANAGER, KENT C  MANAGER, KENT C  MANAGER, KENT C  MARK  HACGER, KENT C  MARK  HACGER, KENT C  MARK  MAYELOWER  STREET ADDRESS  CITY-ST-2P  MARK  MARK  STREET ADDRESS  CITY-ST-2P  THE  THE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  THE  MARK  STREET ADDRESS  CITY-ST-2P  THE  THE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  THE  MARK  STREET ADDRESS  CITY-ST-2P  THE  THE  THE  THE  THE  THE  THE  TH  | SUNTRUST CENTER  515 EAST LAS OLAS BLVD., SUITE 850  FT. LAUDERDALE, FL 33301  City  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and one of acceptance agent and one of acceptance.  Filling Fee 1s \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  10.  THE MGRM HAEGER, KENT C  STREET ADDRESS CITY-ST-DP  LAKE FOREST, IL 6D045  CITY-ST-DP  THE MARK KATCHA, JOSEPH R  SIREET ADDRESS CITY-ST-DP  THE MARK STREET ADDRESS CITY-ST-DP  THE Delete  THE DELETE  |  |
| City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature Tilling Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MER MGRM   Delete   MILE   MANE   MANE | City     | r is Not Acceptable)   |
| C. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, yped or privated agent and still if applicable.   (NOTE Registered Apent signature required when remainable)   DATE   | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.  SIGNATURE    Signature, typed or period name of registered agent and oth if applicable. (NOTE, Registered Agent signature required when remaining)    Filling Fee is \$50.00   |  |
| SIGNATURE  Filing Fee is \$50.00  Due by May 1, 2006   MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  TILE MARK HAEGER, KENT C MANAGERS CITY-ST-2P  MARK MARK KATCHA, JOSEPH R MARK MARK SITIEL ADDRESS SITIEL ADD | the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and other is applicable. (NOTE, Registered Agent signature required when reinstalling)  Filling Fee is \$50.00  Due by May 1, 2006   9. MANAGING MEMBERS/MANAGERS 10.  TITLE MGRM Delete IVILE NAME HAEGER, KENT C NAME STREET ADDRESS CITY-ST-2IP  LAKE FOREST, IL 6D045 CITY-ST-2IP  TITLE MGRM Delete NAME SIRELT ADDRESS CITY-ST-2IP  TITLE Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  Delete VITLE  TITLE  Delete VITLE  NAME SIRELT ADDRESS CITY-ST-2IP  TITLE  Delete VITLE  DELETE  TITLE  TITLE  TITLE  DELETE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE  TITLE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE  TITLE  TITLE  DELETE  TITLE  TITLE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE  TITLE  DELETE  TITLE   | FL Zip Code  |
| Charge   Change   Change   Change   Charge   Charge   Change   C    | Filing Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 10.  PITLE MGRM Delete 11/1LE NAME STREET ADDRESS CITY-ST-ZIP  FILE MGRM DOLL DELETE STREET ADDRESS CITY-ST-ZIP  FITLE MGRM DELETE SOB KENILWORTH AVENUE STREET ADDRESS CITY-ST-ZIP  FITLE MAME STREET A  | , in the State of Florida. I am familiar with, and accept  |
| Section   Sect    | 9. MANAGING MEMBERS/MANAGERS 10.  TITLE MGRM Delete MILE NAME STREET ADDRESS 700 NORTH MAYFLOWER STREET ADDRESS CITY-ST-DP LAKE FOREST, IL 6DD45 CITY-ST-ZIP  BYLE MGRM Delete TITLE NAME STREET ADDRESS 508 KENILWORTH AVENUE STREET ADDRESS CITY-ST-ZIP  HITLE MARK STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  | DATE   |
| MGRM  | TITLE MGRM HAEGER, KENT C TON NORTH MAYFLOWER STREET ADDRESS GITY-ST-IP LAKE FOREST, IL 6D045  Delate  TITLE MGRM KATCHA, JOSEPH R SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE TI   | the state of the s |
| MGRM  | TITLE MGRM HAEGER, KENT C TON NORTH MAYFLOWER STREET ADDRESS GITY-ST-IP LAKE FOREST, IL 6D045  Delate  TITLE MGRM KATCHA, JOSEPH R SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE TI   |  |
| MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MA  | NAME STREET ADDRESS CITY-ST-ZIP LAKE FOREST, IL 6D045  DETECT ADDRESS CITY-ST-ZIP  |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE MARK MARK MARK MARK MARK MARK MARK MARK  | STREET ADDRESS CITY-ST-ZIP  DETERMANTE MARK KATCHA, JOSEPH R SIREET ADDRESS CITY-ST-ZIP  DETERMANTE SIREET ADDRESS CITY-ST-ZIP  DETERMANTE STREET ADDRESS CITY-ST-ZIP  | _ · · · _  |
| City-St-2iP   | CITY-ST-ZIP  DETERMANE NAME NAME NAME SITECT ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  THE Delete THE NAME STREET ADDRESS CITY-ST-ZIP   | U000004454 <b>01</b>   |
| NAME SITECT AODRESS CITY-ST-DP KENILWORTH, IL 60043  TITLE NAME SITECT ADDRESS CITY-ST-ZIP  TITLE  | NAME SITECT ADDRESS CITY-ST-DP KENILWORTH, IL 60043  ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP  ITTLE Delete  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  | 03/07/06-80042-023-50.00   |
| NAME SITREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE OChange Addition   | NAME SITECT ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP   | Change   |
| CITY-ST-ZIP  KENILWORTH, IL 60043  CITY-ST-ZIP  ITILE  ITI  | CITY-ST-DP KENILWORTH, IL 60043  INTLE NAME NAME STREET ADDRESS CITY-ST-ZIP  INTLE Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP  INTLE Delete INTLE  |  |
| TITLE   |  |  |
| NAME \$TREET ADDRESS CITY-57-ZIP  THLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE | NAME STREET ADDRESS CITY-ST-ZIP  THEE Delete NAME STREET ADDRESS CITY-ST-ZIP  THEE NAME STREET ADDRESS CITY-ST-ZIP  THEE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  THEE Delete TITLE   |  |
| STREET ADDRESS CHY-ST-ZIP  THLE  STREET ADDRESS CHY-ST-ZIP  | STREET ADDRESS CITY-ST-ZIP  THLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  THLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Change ☐ Addition  |
| CITY-ST-ZIP         CITY-ST-ZIP           THILE         Delete         TITLE         Change         Addition           MAME         NAME         NAME         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         TITLE         Delete         TITLE         TITLE         CNange         Addition   | City-St-ZiP  |  |
| TITLE   | THILE  |  |
| NAME         NAME           STREET ADDRESS         STREET ADDRESS           CHY-ST-ZIP         CHY-SI-ZIP           TIPLE         Delete         TIPLE  | NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-S1-ZIP TITLE  NAME STREET ADDRESS CITY-S1-ZIP TITLE  NAME STREET ADDRESS CITY-S1-ZIP   | Change C Marie   |
| STREET ADDRESS CITY-ST-ZIP  TIFLE  STREET ADDRESS CITY-SI-ZIP  TIFLE  STREET ADDRESS CITY-SI-ZIP  TIFLE  STREET ADDRESS CITY-SI-ZIP  TIFLE  STREET ADDRESS CITY-SI-ZIP  | STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE  | Change C Notings   |
| TIFLE Delete TIFLE Grange Addition  | THLE Delete THLE   |  |
|   | 2 24/0/5   |  |
|   | NAME NAME  | ☐ Ghange ☐ Addition  |
|   | Tarrey Apparent  |  |
| STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  | <b>5 5</b>   |  |
|   |  |  |
| THE Celete TITLE Change Addition NAME   |  | ☐ Change ☐ hiddilion   |
| <b>1</b>  | STREET ADDRESS STREET ADDRESS  |  |
|   | CITY-ST-ZIP CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·  |
|   | 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path, limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida S   |  |