152.00
9-15-06

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000026070

1. Entity Name
311 MERIDIAN & 3RD ST., LLC

Principal Place of Business	Mailing Address
2625 NORTH ASHLAND AVENUE # 4B CHICAGO, IL 60614	C/O JOSEPH R. DICOSOLA 2625 NORTH ASHLAND AVENUE, # 4B CHICAGO, IL 60614

DO NOT WRITE IN THIS SPACE

07192006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
27-0038790		Not Applicable

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

6. Name and Address of Current Registered Agent

MCCAUGHAN, WILLIAM P ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

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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

Filing Fee is $50.00
Due by September 6, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DICOSOLA, JOSEPH R
STREET ADDRESS	2625 NORTH ASHLAND, #4B
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300080928163
10/17/06--01049--017 **50.00

300080928163
11/21/06--01009--014 **100.00

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IN THIS SPACE

REINSTATEMENT 2006

11. 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 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: _____ Joseph DiCosola   7/27/06   773 575 1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #