2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 02, 2005 08:00 AM Secretary of State

ANNUAL REPURT				Secretary of State
DOCUI 1. Entity Nam ARIEL 6,		['] 28		Scoretti y or state
Principal Place of Business Mailing Address				
1345 N. WELLS STREET CHICAGO, IL 60610 1345 N. WELLS STREET CHICAGO, IL 60610				
011107100,12	30010	311101100714 30010	i	י מינו זון לשעותו וספון תופתו ונעון שנומט מומע וונסט מוועש וונסט וווון שמומת גום וופוועה (
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				30-0154861 Not Applicable
		<u> </u>	<u> </u>	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent	-	
LEXISNEXIS DOCUMENT SOLUTIONS, INC.				DO NOT WRITE
1201 HAYS STREET - TALLAHASSEE, FL 32301				
TALLAHASSEE, FL 32301				IN THIS SPACE
			1.	
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, typog 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 7, 2005				U00000375360 08/02/05-80001-010 50.00
		YE		08\0\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME	MGRM MILES, JAMES			
STREET ADDRESS	1345 N. WLLS ST.		1	
CITY-ST-ZIP	CHICAGO, IL 60610			
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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 of the receiver to execute this report as required by Chapter 608, Florida Statutes.				