

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90055 016 \*\*\*\*50.00

DOCUMENT # L03000002728

1. Entity Name  
ARIEL 6, LLC



Principal Place of Business  
1345 N. WELLS STREET  
CHICAGO, IL 60610

Mailing Address  
1345 N. WELLS STREET  
CHICAGO, IL 60610

60043907



02022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

350 N. LaSalle Street

3. Mailing Address

350 N. LaSalle Street

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60610

Country

USA

Zip

60610

Country

USA

4. FEI Number  
30-0154861

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

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 May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILES, JAMES  
1345 N. WLLS ST.  
CHICAGO, IL 60610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILES, JAMES  
350 N. LaSalle Street, Suite 800  
Chicago, IL 60610 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/07