


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000002731 1. Entity Name ARIEL 3, LLC	
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Principal Place of Business 1345 N. WELLS STREET CHICAGO, IL 60610	Mailing Address 1345 N. WELLS STREET CHICAGO, IL 60610
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DO NOT WRITE IN THIS SPACE



06302005No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1458615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

UD00000375357
08/02/05-80001-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DALLY, EDGAR 1345 N. WELLS ST. 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)(f), 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: Edgar B. Dally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____