

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90055 015 \*\*\*\*50.00

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02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **37-1459940** Applied For ☐ Not Applicable

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

**DOCUMENT # L03000002756**

1. Entity Name  
**ARIEL 5, LLC**



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

Mailing Address  
**1345 N. WELLS STREET  
CHICAGO, IL 60610**

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**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 BRUMBACH, MARK 1345 N. WELLS ST. CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brumbach, Mark 350 N. LaSalle Street, Suite 800 Chicago, IL 60610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** MARK BRUMBACH **4/10/07 773 205-1124**

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