


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90003 004 ****50.00

DOCUMENT # L03000021957

1. Entity Name
 13112 LLC



Principal Place of Business
 C/O MITCHELL RUBIN
 5814 PINTAIL LANE
 LONG GROVE, IL 60047

Mailing Address
 C/O MITCHELL RUBIN
 5814 PINTAIL LANE
 LONG GROVE, IL 60047

2. Principal Place of Business
 C/O SUZANNE RUBIN, 5814 PINTAIL LN.

3. Mailing Address
 C/O SUZANNE RUBIN, 5814 PINTAIL LN.

Suite, Apt. #, etc.

City & State
 LONG GROVE, IL

City & State
 LONG GROVE, IL

Zip
 60047

Country

Zip
 60047

Country



08042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 26-0067026

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
 1801 N MILITARY TRAIL, STE 200
 BOCA RATON, FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUBIN, MITCHELL E			NAME	SUZANNE RUBIN		
STREET ADDRESS	5814 PINTAIL LANE			STREET ADDRESS	5814 PINTAIL LANE		
CITY-ST-ZIP	LONG GROVE, IL 60047			CITY-ST-ZIP	LONG GROVE, IL 60047		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Suzanne Rubin, Manager *Suzanne Rubin* September 2, 2005 847-821-0074

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