2006 LIMITED LIABILITY COMPANY

FILED Mar 24, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # L030000	41805			·	
Principal Place of Business 55 WEST DELAWARE PLACE SUITE 207 CHICAGO, IL 60610 US		Mailing Address 55 WEST DELAWARE PLACE SUITE 207 CHICAGO, IL 60610 US				
E	OO NOT WRIT	E IN THIS SPA	CE	03152008 No Chg-LLC 4. FEI Number	CR2E083 (11/05)	For
				41-2117821 5. Certificate of Status Desired	\$5,00 Additions	
	6. Name and Address of Curr	ent Registered Agent	<u></u>		Fee Required	
ANDERSON, ANNE W 915 OAK HARBOUR DRIVE JUNO BEACH, FL 33408				DO NOT W		- :-
	,	-		IN THIS SF	ACE	· . ·
SIGNATURE.	Signature, typed or printed name of registered a filling Fee is \$50.00 lue by May 1, 2008	rgent and intelliapp@calcle. (NGTE, Register	ed Agent signature required	whan reinstailing)	DATE	
9.	MANAGING ME	MBERS/MANAGERS				
TITLE NAME STREET ADDRESS EITY-ST-ZIP	MGRM DAW OF FLORIDA LLC			one same tan	in the state of the	·
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TITLE NAME SINGET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP TITLE NAME						=, * .

11. I hereby certify that the information supplied with this filling 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 cath; that I em a managing member or manager of the limited liability company critic receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CATY-ST-ZIP

797888