## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## **DOCUMENT # L04000002107**

1. Entity Name

LAKE HUNTLEY TRIPLEX, LLC



FILED Apr 16, 2007 08:00 All Secretary of State

Principal Place of Business

1609 S.W. 5TH STREET FORT LAUDERDALE, FL 33312 Mailing Address

1609 S.W. 5TH STREET FORT LAUDERDALE, FL 33312



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0057881

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN 1609 S.W. 5TH STREET FORT LAUDERDALE, FL 33312

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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		
9. MANAGING MEMBERS/MANAGERS		

**MGRM** TITLE WALSH, JOHN NAME 1609 S.W. 5TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 MGRM TITLE MOLEPSKE, MARK NAME STREET ADDRESS 3430 NORTH LAKE SHORE DRIVE, #9L CITY-ST-ZIP CHICAGO, IL 60657 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

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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: Dieue J. R.D.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-07

Daytime Phone #