

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90073 012 \*\*\*\*50.00

**DOCUMENT # L04000004113**

1. Entity Name  
**FEDERAL HIGHWAY, LLC**



Principal Place of Business  
**2837 SHERIDAN PLACE  
EVANSTON, IL 60201**

Mailing Address  
**2837 SHERIDAN PLACE  
EVANSTON, IL 60201**

**20034839**



02282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

**2837 Sheridan Place**

Suite, Apt. #, etc.

3. Mailing Address

**2837 Sheridan Place**

Suite, Apt. #, etc.

City & State

**Evanston, IL**

City & State

**Evanston, IL**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**60201**

Country

**Cook**

Zip

**60201**

Country

**Cook**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAYAN, SALOMON J  
980 S. OCEAN BLVD.  
PALM BEACH, FL 33480**

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

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
DAYAN, SALOMON J  
2837 SHERIDAN PLACE  
EVANSTON, IL 60201** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #

**Salomon J. Dayan, Manager**

**3 2008** **(312) 444-9300**