

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004119

1. Entity Name
315 PINE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -1 AM 9:46

Principal Place of Business
2837 SHERIDAN PLACE
EVANSTON, IL 60201

Mailing Address
2837 SHERIDAN PLACE
EVANSTON, IL 60201

DO NOT WRITE IN THIS SPACE

04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0534693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

100075288381
05/25/06--01024--026 **450.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DAYAN, ADAM
2837 SHERIDAN PLACE
EVANSTON, IL 60201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #