



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004128 1. Entity Name GEORGIA PROPERTY, LLC	
--	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 9:47

Principal Place of Business 2837 SHERIDAN PLACE EVANSTON, IL 60201	Mailing Address 2837 SHERIDAN PLACE EVANSTON, IL 60201
---	---



04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAYAN, SALOMON J 980 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000075288470
05/25/06--01024--026 **450.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DAYAN, SALOMON J
STREET ADDRESS	2837 SHERIDAN PLACE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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 #