


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 023 ****50.00

| | |
|--|---|
| DOCUMENT # L04000018119 1. Entity Name CHICAGO ON FLAGLER, LLC |  |
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| Principal Place of Business 628 SW 87 PLACE MIAMI FL 33174 | Mailing Address 628 SW 87 PLACE MIAMI FL 33174 |
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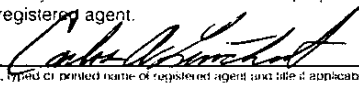


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|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 141 N. Broadway Melrose Park, IL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| | 60160 USA |

1st MOORE CR2E083 (10/05)

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|---|--|
| 4. FEI Number 43-2047880 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARDILLO, ARMANDO A 1401 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134 | |
| 7. Name and Address of New Registered Agent Name Carlos A. Linchewat Street Address (P.O. Box Number is Not Acceptable) 628 SW. 87th Pl. Miami FLA. City FL Zip Code 33174 | |

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 remitting) **4/28/06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JORGE, JOSE 141 N. BROADWAY MELROSE PARK IL 60160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06 (708) 344-7328