

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2005 90073 008 \*\*\*\*50.00

DOCUMENT # L04000023697

1. Entity Name  
829 32ND STREET, LLC



Principal Place of Business  
2837 SHERIDAN PLACE  
EVANSTON, IL 60201

Mailing Address  
2837 SHERIDAN PLACE  
EVANSTON, IL 60201

20034843



2. Principal Place of Business  
2837 Sheridan Place  
Suite, Apt. #, etc.

3. Mailing Address  
2837 Sheridan Place  
Suite, Apt. #, etc.

03142005 Chg-LLC CR2E083 (10/03)

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

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

## 7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME DAYAN, SALOMON  
STREET ADDRESS 2837 Sheridan Place  
CITY-ST-ZIP Evanston, IL 60201

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

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

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

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

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

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 Dayan, Manager

(312) 444-9300