2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L04000023697

1. Entity Name 829 32ND STREET, LLC

FILED Feb 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2837 SHERIDAN PLACE EVANSTON, IL 60201 2837 SHERIDAN PLACE EVANSTON, IL 60201



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE 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 S. OCEAN BLVD. PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

		1	
	named entity submits this statement for the purpose of chan tions of registered agent	iging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	Ω:	U00000628450 2/16/07-80016-003_500_00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAYAN, SALOMON 2837 SHERIDAN PLACE EVANSTON, IL 60201		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
THEE NAME SIRELT ADDRESS CHY-SI-ZIP		IN TH	IIS SPACE
TITLE			

11. I hereby certify that the information supplied with this filling 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 receipt of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE;

STREET ADDRESS
CHY-ST-ZIP
THE
NAME
STREET ADDRESS
CHY-ST-ZIP

NO TYPED OR PRINTED NAME O

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/07

Daytime Phone #