## **2006 LIMITED LIABILITY COMPANY**

SIGNATURE:

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

**ANNUAL REPORT** SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000041064 2716 S. DIXIE HWY, LLC 06 MAY -1 AM 9: 47 Principal Place of Business Mailing Address 2837 SHERIDAN PLACE 2837 SHERIDAN PLACE EVANSTON, IL 60201 EVANSTON, IL 60201 242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For Not Applicable 11-3720256 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAYAN, SALOMON J DO NOT WRITE 980 S. OCEAN BLVD. PALM BEACH, FL 33480 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) Filing Fee is \$50.00 300075288443 Due by May 1, 2006 05/25/06--01024--026 \*\*450.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DAYAN, SALOMON J NAME 2837 SHERIDAN PLACE STREET ADDRESS CITY-ST-ZIP EVANSTON, IL 60201 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #