2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000041064

1. Entity Name 2716 S. DIXIE HWY, LLC



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

Principal Place of Business

2837 SHERIDAN PLACE EVANSTON, IL 60201

Mailing Address

2837 SHERIDAN PLACE EVANSTON, IL 60201



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3720256

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DAYAN, SALOMON J

SIGNATURE

DO NOT WRITE

PALM BEACH, FL 33480		IN T	IN THIS SPACE	
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and site if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
INLE NAME SIREET ADDRESS CNIY-SI-ZIP	MGR DAYAN, SALOMON J 2837 SHERIDAN PLACE EVANSTON, IL 60201		000000628457 02/16/07-80016-003 500.00	
MILE NAME STREET ADDRESS CHY-ST-ZIP			05\10\01_00010_000	
HILL NAME STREET ADDRESS CHY-ST-ZIP		·	NOT WRITE	
NAME SIREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
INTLE NAME SIREET ADDRESS CHY-SI-ZIP				
THE NAME STREET ADDRESS CITY-ST ZIP	1			
11. I hereby indicated limited lis	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the compan	qualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under cute this report as required by Chapter 608, Flori	 Florida Statutes. I further certify that the information path; that I am a managing member or manager of the da Statutes. 	

INTED NAME & SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE