


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90015 028 \*\*\*\*55.00

**DOCUMENT # L04000052037**

1. Entity Name  
**LRI MANAGEMENT LLC**



Principal Place of Business      Mailing Address  
**340 WEST BARRY AVE., COACH HOUSE**      **340 WEST BARRY AVE., COACH HOUSE**  
**CHICAGO, IL 60657**      **CHICAGO, IL 60657**

**20047523**



2. Principal Place of Business      3. Mailing Address  
**601 N Fort Lauderdale Beach Blvd**      **601 N Fort Lauderdale Beach Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04222005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**Fort Lauderdale, FL**      **Fort Lauderdale, FL**

4. FEI Number      Applied For  
**20-1355680**      Not Applicable

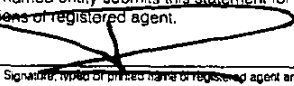
33304-4105      Coun USA      33304-4105      Coun USA

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent:  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 Name: **Daniel J. Melk**  
**601 N Fort Lauderdale Beach Blvd**  
**Fort Lauderdale, FL 33304-4105**

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:       **Daniel J. Melk**      **4/22/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MELK, DANIEL</b> <input type="checkbox"/> Delete <b>340 WEST BARRY AVE., COACH HOUSE CHICAGO, IL 60657</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>601 N Fort Lauderdale Beach Blvd Fort Lauderdale, FL 33304-4105</b>
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
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 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:       **Daniel J. Melk**      **4/22/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone # **(954) 630-1999**