

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059145

Entity Name: LBK-FLORIDA LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

1870 SPRUCE STREET  
HIGHLAND PARK, IL 60035

**New Principal Place of Business:**

**Current Mailing Address:**

1870 SPRUCE STREET  
HIGHLAND PARK, IL 60035

**New Mailing Address:**

FEI Number: 20-2129060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSENBERG, STEVEN  
Address: 814 RIDGE TERRACE  
City-St-Zip: EVANSTON, IL 60201

Title: MGR ( ) Delete  
Name: FRAZER, ROBERT  
Address: 1870 SPRUCE STREET  
City-St-Zip: HIGHLAND PARK, IL 60035

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT FRAZER

MR.

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date