


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 033 \*\*\*\*50.00

<b>DOCUMENT # L04000064979</b> 1. Entity Name <b>ESSEX MANAGER LLC</b>					
Principal Place of Business <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602</b>			Mailing Address <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602</b>		
2. Principal Place of Business - No P.O. Box # <b>100 N. LASALLE STREET</b>		3. Mailing Address <b>100 N. LASALLE STREET</b>			
Suite, Apt. #, etc. <b>SUITE 2200</b>		Suite, Apt. #, etc. <b>SUITE 2200</b>			
City & State <b>CHICAGO, IL</b>		City & State <b>CHICAGO, IL</b>			
Zip <b>60602</b>	Country	Zip <b>60602</b>	Country	4. FEI Number <b>20-1571206</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHMAN, MARC 5037 WESLEY DRIVE TAMPA, FL 33647</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RICHMAN, GARY S 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARY S. RICHMAN 100 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60602</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>GARY S. RICHMAN, MANAGING MEMBER</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/13/07 (312) 580-9090 <small>Date Daytime Phone #</small>	

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