


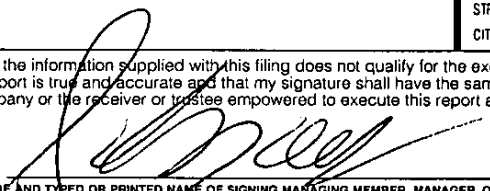
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 007 ****50.00

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DOCUMENT # L04000075845					
1. Entity Name 117 LAKE AVENUE PROPERTY, LLC					
Principal Place of Business 2837 SHERIDAN PLACE EVANSTON, IL 60201		Mailing Address 2837 SHERIDAN PLACE EVANSTON, IL 60201			
2. Principal Place of Business 2837 Sheridan Place		3. Mailing Address 2837 Sheridan Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Evanston, IL		City & State Evanston, IL		4. FEI Number 20-1840338	
Zip 60201		Country Cook		Applied For Not Applicable	
Zip 60201		Country Cook		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAYAN, SALOMON J 980 S. OCEAN BLVD. PALM BEACH, FL 33480			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAYAN, SALOMON J	NAME			
STREET ADDRESS	2837 SHERIDAN PLACE	STREET ADDRESS			
CITY-ST-ZIP	EVANSTON, IL 60201	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAYAN, ADAM	NAME			
STREET ADDRESS	2837 SHERIDAN PLACE	STREET ADDRESS			
CITY-ST-ZIP	EVANSTON, IL 60201	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: <u>3/20/05</u> (312) 444-9300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
Salomon J. Dayan, Manager					