

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075845



1. Entity Name
117 LAKE AVENUE PROPERTY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY -1 AM 9:46

Principal Place of Business
2837 SHERIDAN PLACE
EVANSTON, IL 60201

Mailing Address
2837 SHERIDAN PLACE
EVANSTON, IL 60201



04242006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1840338	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAYAN, SALOMON J
980 S. OCEAN BLVD.
PALM BEACH, FL 33480

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000075288390
05/25/06--01024--026 **450.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAYAN, SALOMON J
STREET ADDRESS	2837 SHERIDAN PLACE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	MGR
NAME	DAYAN, ADAM
STREET ADDRESS	2837 SHERIDAN PLACE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _____

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #