

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90028 029 \*\*\*\*50.00

**DOCUMENT # L04000083204**

1. Entity Name  
GARDEN WALK OF BRADENTON, LLC



Principal Place of Business  
1637 N. MILWAUKEE AVENUE  
CHICAGO, IL 60647

Mailing Address  
1637 N. MILWAUKEE AVENUE  
CHICAGO, IL 60647

**14005422**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**20-1896069**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIDER, WILLIAM M  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

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

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MANAGER  
MATTHEW ILKINICE  
1637 N MILWAUKEE  
CHICAGO, IL 60647**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MANAGER  
COLIN M ILKINICE  
1637 N MILWAUKEE  
CHICAGO, IL 60647**

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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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:**

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

**MATTHEW ILKINICE**

Date

**4/21/05**

Daytime Phone #

**773-252-5656**