


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90082 027 \*\*\*\*50.00

**DOCUMENT # L04000084106**

1. Entity Name  
 5476 FLORENCE HARBOR DRIVE, LLC



Principal Place of Business  
 1525 EAST 53 STREET, SUITE 524  
 CHICAGO, IL 60615

Maining Address  
 1525 EAST 53 STREET, SUITE 524  
 CHICAGO, IL 60615

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Maining Address  
 Suite, Apt. #, etc.

City & State

Zip Country

07202005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 59-378825

App'd For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number's 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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR LEVY, STEPHEN 1525 EAST 53 STREET, SUITE 524 CHICAGO, IL 60615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST LEVY, SCOTT J 1525 EAST 53 STREET, SUITE 524 CHICAGO, IL 60615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information submitted 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:** \_\_\_\_\_ *[Signature]* **7/22/05 7733278223**

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