

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000084106**  
 1. Entity Name  
 5476 FLORENCE HARBOR DRIVE, LLC



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



02102006No Chg-LLC      CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3788825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

02/27/06-80022-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, STEPHEN 1525 EAST 53 STREET, SUITE 524 CHICAGO, IL 60615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEVY, SCOTT J 1525 EAST 53 STREET, SUITE 524 CHICAGO, IL 60615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE