

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000088848**

1. Entity Name  
1709 JOSEPHINE STREET, LLC



Principal Place of Business  
4737 SOUTH KIMBARK AVENUE  
CHICAGO, IL 60615

Mailing Address  
4737 SOUTH KIMBARK AVENUE  
CHICAGO, IL 60615



02182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1984187

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

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

VAN LOON, DAVID  
FELDMAN KOENIG & HIGHSMITH, P.A.  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040

**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 DAVID VAN LOON

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COHEN, TOBA J
STREET ADDRESS	4737 SOUTH KIMBARK AVENUE
CITY-ST-ZIP	CHICAGO, IL 60615
TITLE	MGRM
NAME	COHEN, EDWARD P
STREET ADDRESS	4737 SOUTH KIMBARK AVENUE
CITY-ST-ZIP	CHICAGO, IL 60615
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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03/06/07-80005-008 50.00

**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: Toba J Cohen

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

2-19-07 773 373 8150

Date

Daytime Phone #