2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED Jun 09, 2006 8:00 am

| DOCUMENT # L05000003001 1. Entity Name RESPECT CHICAGO, LLC | | | | | Secretary of State 05-03-2006 90032 044 ****50.00 | |
|--|----------------|--|---|---|--|--|
| Principal Place of Business NORTHBRIDGE CENTRE 515 NORTH FLAGLER DR., SUITE 808 WEST PALM BEACH, FL 33401 | | Mailing Address NORTHBRIDGE CENTRE 515 NORTH FLAGLER DR., SUITE 808 WEST PALM BEACH, FL 33401 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | 03082006 Chg-tLC CR2E083 (11/05) | |
| City & State | | City & State | | | 4. FEI Number 20-2138530 Applied For Not Applicable | |
| Zip | Country | Ζip | Country | i | 5. Certificate of Status Desired S5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Clange Only City North Columnia Columnia City North City North City North City North City North City North City Nort | | | | | | |
| signature | | | registered office or re | | Make: check payable to Florida Department of State | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delete | STREET ADDRESS OTTY-ST-ZIP | (Sam | e address as above) | |
| TITLE NAME SINEEL ADDRESS CITY-S1-MP | EZSANOW I: | | STREET ADDRESS | | us in a Member Change Distribution Chang | |
| TITLE NAME STREET ADDRESS CITY-S1-2IP | IL. | | | Treasurer Change Change | | |
| TITLE NAME STREET AUDRESS CITY-SI-ZIP | | ☐ Dolete | ITILE NAME STREET ADDRESS CHY-ST- ZP | | ☐ Change ☐ Addition | |
| TIRE NAME SIREF ADDRESS CITY-SI-ZIP | | ☐ Deliste | THLE NAME STREET ADDRESS CHY-SI-ZIP | | Change Addition | |
| TITLE RAME STREET ADDRESS CITY-SI-729 | | □ Dolete | HILE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| 11. Thereby 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 mode 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR ATHORIZED REPRESENTATIVE Division Place Divisi | | | | | | |

RESPECT Chicago, LLC Northbridge Centre 515 North Flagler Dr. Suite 808 West Palm Beach, FL 33401

ATTACHMENT

30009983

June 5, 2006

Florida Department of State
Division of Corporations
-P.O. Box 6478
Tallahassee, FL 32314

Dear Sir or Madam:

We have completed the 2006 Limited Liability Company Annual Report for RESPECT CHICAGO, LLC by filing in box #4 with the FEI number (# 20-2138530).

I hope this will satisfy the filing requirements for this entity.

Regards,

イケとし Rick Amato