


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019360 1. Entity Name NORWOOD NAPLES LLC	
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Principal Place of Business 250 S NORTHWEST HWY 300 PARK RIDGE, IL 60068	Mailing Address 250 S NORTHWEST HWY 300 PARK RIDGE, IL 60068
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01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2427497	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRABINSKI, MATT ESQ GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000803275
02/05/08-80020-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADREANI, BRUCE J 250 S. NORTHWEST HIGHWAY, STE 300 PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARMAN, WILLIAM E 27 E. MONROE STREET - 14TH FLOOR CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption provided 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 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 the report by Chapter 608, Florida Statutes.

SIGNATURE:  **Bruce J. Adreani MGR** **1/7/08** **(847) 655-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #