## 2006 LIMITED LIABILITY COMPANY

## Aug 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000026863 08-28-2006 90107 034 \*\*\*\*50.00 1. Entity Name COCONUT CREEK PROPERTY, LLC Principal Place of Business · Mailing Address 2837 SHERIDAN PLACE 2837 SHERIDAN PLACE EVANSTON, IL 60201 EVANSTON, IL 60201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2516908 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAYAN, SALOMON J Street Address (P.O. Box Number is Not Acceptable) 980 S. OCEAN BLVD. PALM BEACH, FL 33480 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Fiorida Department of State \* MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE . ☐ Delete TITLE ☐ Channe ☐ Addition DAYAN, SALOMON J NAME 2837 SHERIDAN PLACE STREET ADDRESS STREET ADDRESS EVANSTON, IL 60201 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Defete TITLE Change ☐ Addition DAYAN, ADAM 2837 SHERIDAN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EVANSTON, IL 60201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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

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.