

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100931

FILED
Mar 26, 2009
Secretary of State

Entity Name: SANDS BAY APARTMENTS, LLC

Current Principal Place of Business:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60610

New Principal Place of Business:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60654

Current Mailing Address:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60610

New Mailing Address:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60654

FEI Number: 20-4342892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIHNKE, MATTHEW R
Address: 225 WEST OHIO STREET, 6TH FLOOR
City-St-Zip: CHICAGO, IL 60610

Title: MGR () Delete
Name: KIHNKE, COLIN M
Address: 225 WEST OHIO STREET, 6TH FLOOR
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KIHNKE, MATTHEW R
Address: 225 WEST OHIO STREET, 6TH FLOOR
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change () Addition
Name: KIHNKE, COLIN M
Address: 225 WEST OHIO STREET, 6TH FLOOR
City-St-Zip: CHICAGO, IL 60654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW R KIHNKE

MGR

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date