2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

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Entity Name: SANDS BAY INVESTMENTS, LLC

Current Principal Place of Business:

1637 N. MILWAUKEE AVENUE
CHICAGO, IL 60647

New Principal Place of Business:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60610

Current Mailing Address:

1637 N. MILWAUKEE AVENUE
CHICAGO, IL 60647

New Mailing Address:

225 WEST OHIO STREET
6TH FLOOR
CHICAGO, IL 60610

FEI Number: 20-3638954 **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: 1637 NORTH MILWAUKEE
City-St-Zip: CHICAGO, IL 60647

Title: MGR ( ) Delete
Name: KIHNKE, COLIN M
Address: 1637 NORTH MILWAUKEE
City-St-Zip: CHICAGO, IL 60647

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 03/21/2007

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