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L05000102057

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAR 15 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000102057

1. Entity Name
HOLLY HILL PLAZA LLC

Principal Place of Business
200 E. RANDOLPH STRET, SUITE 2100
CHICAGO, IL 60601-6432

Mailing Address
200 E. RANDOLPH STRET, SUITE 2100
CHICAGO, IL 60601-6432

01092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
200 E. Randolph Street		200 E. Randolph Street	
Suite, Apt. #, etc. Suite 2100		Suite, Apt. #, etc. Suite 2100	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60601-6432	Country USA	Zip 60601-6432	Country USA

4. FEI Number 20-3605450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BASKIN, SHELDON L 200 E. RANDOLPH STRET, SUITE 2100 CHICAGO, IL 606016432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 200 E. Randolph Street, Suite 2100 Chicago, IL 60601-6432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SERVER, RANDALL E 200 W. MADISON STREET, #1900 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Sheldon Baskin 1/18/07 312-726-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #