

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108686

FILED
Mar 22, 2006
Secretary of State

Entity Name: CHICAGO HOLDINGS, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3765560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: SALAZAR, GERMAN
Address: CRA. 19 NO. 109-54, APT. 301, BOGOTA
City-St-Zip: COLUMBIA, X X X X

Title: MGRM () Delete
Name: KICKOFF PROPERTIES L, TD.
Address: CALE 104, NO. 22-61, BOGOTA
City-St-Zip: COLUMBIA, X X X X

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALAZAR, GERMAN
Address: CRA. 19 NO. 109-54, APT. 301
City-St-Zip: BOGOTA, CO 0000

Title: MGRM (X) Change () Addition
Name: KICKOFF PROPERTIES L, TD.
Address: CALE 104, NO. 22-61
City-St-Zip: BOGOTA, CO 0000

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: GERMAN SALAZAR

MGRM

03/22/2006

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