

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118978

Entity Name: SEMROW SUNBOW BAY, LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2714 LINCOLN ST.  
EVANSTON, IL 60201

**New Principal Place of Business:**

**Current Mailing Address:**

2714 LINCOLN ST.  
EVANSTON, IL 60201

**New Mailing Address:**

FEI Number: 20-4812513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCARTHY, CAROL A  
3703 EAST BAY DRIVE, UNIT A  
HOLMES BCH, FL 34214 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: MCCARTHY, CAROL  
Address: 2714 LINCOLN ST.  
City-St-Zip: EVANSTON, IL 60201

Title: MGR ( ) Delete  
Name: MCKIERNAN, JEANNE  
Address: 230 WEST ONWENTSIA  
City-St-Zip: LAKE FOREST, IL 60045

Title: MGR ( ) Delete  
Name: ZEBELL, ODETTE  
Address: 444 ELM STREET  
City-St-Zip: GLENVIEW, IL 60025

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ODETTE ZEBELL

MGR

03/24/2009

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