


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 032 \*\*\*\*50.00

<b>DOCUMENT # L05000119470</b>	
1. Entity Name <b>SQUARE PLAZA ASSOCIATES LLC</b>	

Principal Place of Business <b>100 NORTH LASALLE STREET, STE. 910 CHICAGO, IL 60602</b>	Mailing Address <b>100 NORTH LASALLE STREET, STE. 910 CHICAGO, IL 60602</b>
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2. Principal Place of Business - No P.O. Box # <b>100 N. LASALLE STREET</b>	3. Mailing Address <b>100 N. LASALLE STREET</b>
Suite, Apt. #, etc. <b>SUITE 2200</b>	Suite, Apt. #, etc. <b>SUITE 2200</b>

City & State <b>CHICAGO, IL</b>	City & State <b>CHICAGO, IL</b>
Zip <b>60602</b>	Country

40070310



04102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>RICHTMAN, MARC 5037 WESLEY DRIVE TAMPA, FL 33647</b>	
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4. FEI Number <b>20-3940513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGR BLACKHAWK APARTMENT OPPORTUNITY FUND LLC 100 NORTH LASALLE STREET, STE. 910 CHICAGO, IL 60602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BLACKHAWK APARTMENT OPPORTUNITY FUND LLC 100 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60602</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **Blackhawk Apt Opp Fund, LLC and Blackhawk Fund Manager, LLC**, Managers  
**Gary S. Richtman, Managing Member**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/13/07** **(312) 580-9090**  
Date Daytime Phone #