2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L06000001404

Entity Name: REEF HOUSE LLC

Current Principal Place of Business:

220 N. SMITH STREET
SUITE 300
PALATINE, IL 60067

New Principal Place of Business:

33 S. STATE ST.
SUITE 400
CHICAGO, IL 60603

Current Mailing Address:

220 N. SMITH STREET
SUITE 300
PALATINE, IL 60067

New Mailing Address:

33 S. STATE ST.
SUITE 400
CHICAGO, IL 60603

FEI Number: 38-3732080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: FREED, LAURANCE H
Address: 220 N. SMITH ST., SUITE 300
City-St-Zip: PALATINE, IL 60067

Title: MGRM ( ) Delete
Name: FINK, ROBERT
Address: 220 N. SMITH ST., SUITE 300
City-St-Zip: PALATINE, IL 60067

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FREED, LAURANCE H
Address: 33 S. STATE ST., SUITE 400
City-St-Zip: CHICAGO, IL 60603

Title: MGR (X) Change ( ) Addition
Name: FINK, ROBERT
Address: 33 S. STATE ST., SUITE 400
City-St-Zip: CHICAGO, IL 60603

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: LAURANCE H. FREED MGR 04/21/2009

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