2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 17, 2008 8:00 am Secretary of State DOCUMENT # L06000008776 1. Entity Name 03-17-2008 90258 034 ***138.75 RICHDEN BAYSHORE, LLC Principal Place of Business Mailing Address 1410 WEST IRVING PARK RD 1410 WEST IRVING PARK RD CHICAGO IL 60613 US CHICAGO IL 60613 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-4280847 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAUSSEN, DENNIS E Street Address (P.O. Box Number is Not Acceptable) 1309 GORDON DR NAPLES FL 34102 Naples Zip Code 34 102 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, typed or printed name of registered agent and title diapplicable (NOTE, Rehistered Abent Schaker required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE Change Delete Addition CLAUSSEN, DENNIS E NAME NAME STREET ADDRESS 1410 IRVING PARK RD STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TOTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ALDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7/P

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significant 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 empoyer of to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED