

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074638

FILED
Mar 28, 2008
Secretary of State

Entity Name: EIGHTH AVENUE VENTURE II, LLC

Current Principal Place of Business:

2241 W. HOWARD ST.
CHICAGO, IL 60645

New Principal Place of Business:

2241 W. HOWARD ST.
ATTN: DONNA
CHICAGO, IL 60645

Current Mailing Address:

2241 W. HOWARD ST.
ATTN: DONNA
CHICAGO, IL 60645

New Mailing Address:

FEI Number: 20-5283619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, STEPHEN A
17483 TIFFANY TRACE
BOCA RATON, FL 33487 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: WOLF REAL ESTATE PAR, TNERSHIP, L.P.
Address: 2164 SECOND STREET
City-St-Zip: NORTHBROOK, IL 60062 US

Title: MGRM () Delete
Name: WOLF, ADAM
Address: 2164 SECOND STREET
City-St-Zip: NORTHBROOK, IL 60062 US

Title: MGRM () Delete
Name: WAXMAN, ROSS
Address: 2241 W. HOWARD STREET
City-St-Zip: CHICAGO, IL 60645 US

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: STEPHEN A. WOLF

MGR

03/28/2008

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