2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000091833

36 COLONY DON PEDRO LLC

US

Principal Place of Business

Mailing Address

1516 MEADOW LANE GLENVIEW, IL 60025 1516 MEADOW LANE GLENVIEW, IL 60025

FILED Mar 31, 2008 08:00 Al Secretary of State



03172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
NOT APPLICABLE	 Not Applicabl	
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

DAHL LOIS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

# 105	DIE DRIVE EAST FON, FL 34203	IN THIS SPACE
	e named entity submits this statement for the purpose of cha tions of registered agent,	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agen) signature required when reinstating) DATE
FILE After May	E NOW!!! FEE IS \$138,75 y 1, 2008 Fee will be \$538.75	U00000875449 04/11/08-80034-009 138.75
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, CARON L 1516 MEADOW LANE GLENVIEW, IL 60025	
TITLE NAME STREET ADDRESS CJTY-ST-ZJP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME		

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAMA L HOFFMAN CARON	L. HOFFMAN	3/15/08	847-724-487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daylinie Phone #