2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097741

1. Entity Name SS CHICAGO HEIGHTS, LLC



Principal Place of Business

7932 WEST SANDLAKE ROAD

SUITE 108 ORLANDO, FL 32819 Mailing Address

7932 WEST SANDLAKE ROAD SUITE 108 ORLANDO, FL 32819

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90025 034 ***138.75

60031441



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-5671166		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVENUE SUITE 600 ORLANDO, FL 32801

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

<u> 7 8 ZUU</u>8

407-293-7878

Daytime Phone #

ORLANDO), FC 32801	III TIIIO OI AGE
	named entity submits this statement for the purpose of changing one of registered agent.	ng 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 Agent signature required when reinstating) DATE
After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGR OBRIEN, KURT 7932 W SAND LAKE RD STE 108	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY: ST-ZIP		
indicated	certify that the information supplied with this filling does not que on this report is true and accurate and that my signature sha bility company or the receiver of trustee empowered to execu	ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information Ill here the same legal effect as if made under oath; that I am a managing member or manager of the te this report as required by Chapter 608, Florida Statutes.

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