


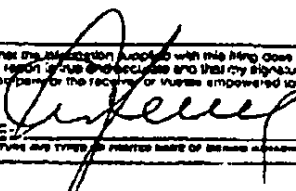
Feb 29 08 11:50a Frank  
Feb 28 08 03:42p Frank

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**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 001 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L07000013395</b>			
1. Entity Name <b>EXOTIC COMMERCIAL LLC</b>			
Principal Place of Business <b>500 SKOKIE BOULEVARD, STE 650 NORTHBROOK, IL 60062</b>		Mailing Address <b>500 SKOKIE BOULEVARD, STE 650 NORTHBROOK, IL 60062</b>	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number <b>26-0503471</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. 02202008 Chg-LLC CR2E083 (12/06)		Applies For Not Applicable	
8. Name and Address of Current Registered Agent <b>FORMAN, ROBERT S 2101 WEST COMMERCIAL BLVD, STE 2800 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
9. 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 responsibility of registered agent.			
SIGNATURE _____ <small>Signature, name or printed name of registered agent and his or her address. (NOTE: Registered agent signature required when changing.)</small>			
FILE NOW!! FEE IS \$158.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ACTIONS/CHANGES	
TITLE	NAME	TITLE	NAME
NAME	SOUTHEASTERN PROPERTIES, LLC	TITLE	NAME
STREET ADDRESS	800 SKOKIE BOULEVARD, STE 680	STREET ADDRESS	NAME
CITY- ST- ZIP	NORTHBROOK, IL 60062	CITY- ST- ZIP	NAME
TITLE	NAME	TITLE	NAME
NAME		STREET ADDRESS	NAME
STREET ADDRESS		CITY- ST- ZIP	NAME
CITY- ST- ZIP		TITLE	NAME
TITLE	NAME	STREET ADDRESS	NAME
NAME		CITY- ST- ZIP	NAME
STREET ADDRESS		TITLE	NAME
CITY- ST- ZIP		STREET ADDRESS	NAME
TITLE	NAME	CITY- ST- ZIP	NAME
NAME		TITLE	NAME
STREET ADDRESS		STREET ADDRESS	NAME
CITY- ST- ZIP		CITY- ST- ZIP	NAME
10. I hereby certify that the information furnished with this filing does not qualify for the exemptions contained in Chap or 11B, Florida Statutes. I further certify that the information indicated on this report is true and correct 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 recorder or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		Date <b>2/29/08</b> 7736978276	

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