

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026747

FILED
Jul 07, 2008
Secretary of State

Entity Name: EUREKA MIAMI PARTNERS, LLC

Current Principal Place of Business:

8102 LEMONT ROAD SUITE 1300
WOODBIDGE, IL 60517

New Principal Place of Business:

8102 LEMONT ROAD SUITE 1300
WOODBIDGE, IL 60517

Current Mailing Address:

8102 LEMONT ROAD SUITE 1300
WOODBIDGE, IL 60517

New Mailing Address:

8102 LEMONT ROAD SUITE 1300
WOODBIDGE, IL 60517

FEI Number: 20-8614257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTHONY, LAURA E ESQ
330 CLEMATIS STREET
SUITE 217
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HELWIG, WILLIAM
Address: 8102 LEMONT ROAD SUITE 1300
City-St-Zip: WOODBRIDGE, IL 60517

Title: MGRM () Change (X) Addition
Name: MCWILLIAMS, THOMAS
Address: 8102 LEMONT ROAD SUITE 1300
City-St-Zip: WOODBRIDGE, IL 60517

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: WILLIAM HELWIG

MGRM

07/07/2008

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