
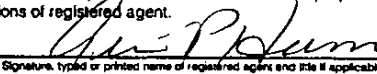



FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90082 036 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30009335

DOCUMENT # L07000059538			
1. Entity Name CHICAGO PROPERTY PARTNERS LLC			
Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 1600 NW 163 Street		3. Mailing Address 1600 NW 163 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33169	Country US	Zip 33169	Country US
4. FEI Number 26-0329296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SEIF, EVAN D 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Alison P. Herman Street Address (P.O. Box Number is Not Acceptable) 1600 NW 163 Street City Miami FL Zip Code 33169	
8. 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 obligations of registered agent. SIGNATURE  Alison P. Herman GC 4/18/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Steven R. Becker 4/18/08 305-625-4171	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	