

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004451

FILED
Feb 03, 2009
Secretary of State

Entity Name: PH MARINA RECEIVER LLC

Current Principal Place of Business:

C/O JDI REALTY LLC
853 N. ELSTON
CHICAGO, IL 60622

New Principal Place of Business:

C/O LINCOLNSHIRE ASSOCIATES II LTD
555 SKOKIE BOULEVARD SUITE 225
NORTHBROOK, IL 60062

Current Mailing Address:

C/O JDI REALTY LLC
853 N. ELSTON
CHICAGO, IL 60622

New Mailing Address:

C/O LINCOLNSHIRE ASSOCIATES II LTD
555 SKOKIE BOULEVARD SUITE 225
NORTHBROOK, IL 60062

FEI Number: 20-3887108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: CONNOR, KEVIN
Address: 853 N. ELSTON
City-St-Zip: CHICAGO, IL 60622

Title: MGR (X) Delete
Name: AEDER, JEFF
Address: 853 N. ELSTON
City-St-Zip: CHICAGO, IL 60622

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLBURN, DAVID D
Address: 555 SKOKIE BOULEVARD SUITE 225
City-St-Zip: NORTHBROOK, IL 60062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN FASS

VP

02/03/2009

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