

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90020 023 ****50.00

DOCUMENT # M01000000278

1. Entity Name
SOUTHERN GARDENS AT LAKE ALFRED, L.L.C.



Principal Place of Business
2 N. LASALLE ST., STE. 1901
CHICAGO, IL 60602

Mailing Address
2 N. LASALLE ST., STE. 1901
CHICAGO, IL 60602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4412289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAKE ALFRED ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS 2 N. LASALLE ST., STE. 275
CITY-ST-ZIP CHICAGO, IL 60602

TITLE MGR ☐ Delete
NAME LAKE ALFRED ASSOCIATES LLC
STREET ADDRESS 2 N. LASALLE ST., STE. 275
CITY-ST-ZIP CHICAGO, IL 60602

TITLE MGR ☐ Delete
NAME KANKOMI, ZEV
STREET ADDRESS 2 N. LASALLE ST., STE. 275
CITY-ST-ZIP CHICAGO, IL 60602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 725
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 725
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Lake Alfred Associates Limited Partnership, its sole member

by: Lake Alfred, L.L.C. Zev Karkomi, Manager

SIGNATURE:

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

Date

Daytime Phone #

312/855-0930