## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M01000001788

THE STORE ROOM - AUSTRALIAN AVENUE, L.L.C.



Principal Place of Business

Mailing Address

URE: ALOTAL J. KONZICK GFORGE J. RASZICI SIGNATURE AND TYPED OF PRINTING NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

500 SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069 500 SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069

## **FILED** Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90242 015 \*\*\*\*50.00



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 Applied For	
65-0865320	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

## DO NOT WRITE IN THIS SPACE

3/17/05

954-946-6262

	** *					
	named entity submits this statement for the purpose of changing its registe ions of registered agent.	red office or registered a	igent, or both, in the State of Flor	ida. I am familiar with, ai	nd accept	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	ling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS			**************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGH STREET CAPITAL; L.L.C. 211 SOUTH WACKER DRIVE, SUITE 4559 CHICAGO, IL 60686 60603				٠	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ll South LASALLE ST. 5th Floor					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	DO NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
indicated	I certify that the information supplied with this filing does not qualify for the extended I on this report is true and accurate and that my signature shall have the sail bilility company or the receiver or trustee empowered to execute this report	me legal effect as if made	e under oath; that I am a manag	further certify that the inf ing member or manager	ormation of the	

GFORGE J. RASZICK