


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001174</b> 1. Entity Name OPA HHM, LLC	
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Principal Place of Business % JAY DOLGIN, ESQ. 30 NORTH LASALLE ST. SUITE 2610 CHICAGO, IL 60602-2584	Mailing Address % JAY DOLGIN, ESQ. 30 NORTH LASALLE ST. SUITE 2610 CHICAGO, IL 60602-2584
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**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0058539	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000864825  
04/07/08-80003-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, PAUL D 30 NORTH LASALLE STREET, SUITE 2610 CHICAGO, IL 60602
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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:** Paul D. Williams **PAUL D. WILLIAMS** 3/15/08 630-890-5439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #