


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90035 043 ****50.00

DOCUMENT # M02000002609	
1. Entity Name WOOD CREEK MANAGER LLC	

Principal Place of Business 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602	Mailing Address 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent Name MARC RICHMAN Street Address (P.O. Box Number is Not Acceptable) 5037 WESLEY DRIVE City TAMPA FL Zip Code 33647	
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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 **4/5/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHMAN, GARY S 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  **GARY S. RICHMAN, Mgr.** **4/5/04** **(312) 580-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #