

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90034 007 \*\*\*\*50.00

**DOCUMENT # M03000001394**

1. Entity Name  
ALLIANCE LIGHTHOUSE DB GP, L.L.C.



Principal Place of Business

135 REVERE DRIVE  
NORTHBROOK, IL 60062

Mailing Address

135 REVERE DRIVE  
NORTHBROOK, IL 60062

**14002094**



03102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0010101

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

**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 \_\_\_\_\_

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME UVA, KENNETH J  
STREET ADDRESS 1209 ORANGE ST.  
CITY-ST-ZIP WILMINGTON, DE 19801

TITLE MGR  
NAME DUVA, VICTOR A  
STREET ADDRESS 1209 ORANGE STREET  
CITY-ST-ZIP WILMINGTON, DE 19801

TITLE MGR  
NAME ALL-LIGHT DB SR. LESSEE, L.L.C.  
STREET ADDRESS 221 N. LASALLE ST. SUITE 3700  
CITY-ST-ZIP CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

Andrew W. Schor, President of All-Light DB Sr. Lessee, L.L.C.

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

4/1/05

(847)562-1400

Date

Daytime Phone #