


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003862</b> 1. Entity Name DKE FLORIDIAN CHICAGO GROUP GP LLC	
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Principal Place of Business C/O DRAPER AND KRAMER, INC 33 W MONROE ST, STE 1900 CHICAGO, IL 60603	Mailing Address C/O DRAPER AND KRAMER, INC 33 W MONROE ST, STE 1900 CHICAGO, IL 60603
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0526932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

U000000325098  
04/23/05-80001-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DK INVESTORS, LLC 33 W MONROE ST, STE 1900 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMS ASSOCIATES, LLC 211 E ONTARIO ST, STE 500 CHICAGO, IL 60611
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**DO NOT WRITE  
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:** Lorraine N. Madsen **Lorraine N. Madsen** **4/21/05** **312-795-2220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #