

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003862

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: DKE FLORIDIAN CHICAGO GROUP GP LLC

**Current Principal Place of Business:**

C/O DRAPER AND KRAMER, INC  
33 W MONROE ST, STE 1900  
CHICAGO, IL 60603

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DRAPER AND KRAMER, INC  
33 W MONROE ST, STE 1900  
CHICAGO, IL 60603

**New Mailing Address:**

C/O DRAPER AND KRAMER, INC - KHAWSHABA  
33 W MONROE ST, STE 1900  
CHICAGO, IL 60603

FEI Number: 45-0526932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DK INVESTORS, LLC,  
Address: 33 W MONROE ST, STE 1900  
City-St-Zip: CHICAGO, IL 60603

Title: MGRM ( ) Delete  
Name: EMS ASSOCIATES, LLC,  
Address: 211 E ONTARIO ST, STE 500  
City-St-Zip: CHICAGO, IL 60611

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FORREST D. BAILEY

P

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date