



**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90053 024 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # M04000001666</b> 1. Entity Name <b>SFP PATRIOT VILLAGE LLC</b>					
Principal Place of Business <b>3190 DOOLITTLE DRIVE          NORTHBROOK, IL 60062</b>		Mailing Address <b>3190 DOOLITTLE DRIVE          NORTHBROOK, IL 60062</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>36-3926827</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.          2731 EXECUTIVE PARK DRIVE          SUITE 4          WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>(NOTE: Registered Agent signature required when renaming)</small>		
<b>Filing Fee is \$50.00          Due by May 1, 2005</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	<input type="checkbox"/> Delete <b>SCHWARTZ FAMIL LIMITED PARTNERSHIP</b>		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SCHWARTZ FAMIL LIMITED PARTNERSHIP</b>	<b>3190 DOOLITTLE DRIVE</b>		NAME 		
STREET ADDRESS <b>3190 DOOLITTLE DRIVE</b>	<b>NORTHBROOK, IL 60062</b>		STREET ADDRESS 		
CITY-ST-ZIP <b>NORTHBROOK, IL 60062</b>			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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.					
<b>SIGNATURE:</b> 			Date: <b>3/7/05</b>		Daytime Phone #

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