



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 029 \*\*\*\*50.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # M04000001715</b>  |  |  |   |                   |  |
| <b>1. Entity Name</b><br>BLACKHAWK REALTY MANAGEMENT LLC  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>100 NORTH LASALLE STREET, SUITE 910<br>CHICAGO, IL 60602  |  |  | <b>Mailing Address</b><br>100 NORTH LASALLE STREET, SUITE 910<br>CHICAGO, IL 60602  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>100 N. LASALLE STREET  |  | <b>3. Mailing Address</b><br>100 N. LASALLE STREET       |   | 40070521<br><br> |  |
| Suite, Apt. #, etc.<br>SUITE 2200   |  | Suite, Apt. #, etc.<br>SUITE 2200                        |   |  |  |
| City & State<br>CHICAGO, IL   |  | City & State<br>CHICAGO, IL                              |   |  |  |
| Zip<br>60602  |  | Zip<br>60602   |   |  |  |
| Country   |  | Country  |   | 04102007    Chg-LLC    CR2E083 (12/06)   |  |
| <b>4. FEI Number</b><br>20-1063833  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   |  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| RICHMAN, MARC<br>5037 WESLEY DRIVE<br>TAMPA, FL 33647   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code                 </div> |  |  |
| <b>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.</b>  |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |  |  |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  | <b>Make check payable to Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>RICHMAN, GARY S<br>100 NORTH LASALLE STREET, SUITE 910<br>CHICAGO, IL 60602 | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>GARY S., RICHMAN<br>100 N. LASALLE ST., SUITE 2200<br>CHICAGO, IL 60602                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> |  |  |   |  |  |
| GARY S. RICHMAN, MANAGING MEMBER  |  |  |   |  |  |
| <b>SIGNATURE:</b> _____   |  |  | 4/13/07   |  | (312) 580-9090   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date  |  | Daytime Phone #  |