

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004051

FILED
Mar 27, 2006
Secretary of State

Entity Name: ALS PROPERTIES TENANT I, LLC

Current Principal Place of Business:

6737 W WASHINGTON ST
MILWAUKEE, WI 53214

New Principal Place of Business:

Current Mailing Address:

6737 W WASHINGTON ST
MILWAUKEE, WI 53214

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

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: MGR () Delete
Name: FERGE, KRISTIN A
Address: 6737 W WASHINGTON ST, STE 2300
City-St-Zip: MILWAUKEE, WI 53214

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OHLENDORF, MARK W
Address: 6737 W WASHINGTON ST, STE 2300
City-St-Zip: MILWAUKEE, WI 53214

Title: MGR () Change (X) Addition
Name: SCHULTE, MARK J
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Change (X) Addition
Name: RIJOS, JOHN P
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK J. SCHULTE

MGR

03/27/2006

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