2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001439

1. Entity Name

TAG LAND ORLANDO, L.L.C.

FILED Mar 25, 2008 08:00 AN Secretary of State

Principal Place of Business

5500 WEST HOWARD STREET SKOKIE, IL 60066

Mailing Address

5500 WEST HOWARD STREET SKOKIE, IL 60066



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number	Applied For

36-4478736 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

1200 SOU PLANTAT	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 In named entity submits this statement for the purpose of changlitions of registered agent.	ng its registered office or registere	DO NOT WRITE IN THIS SPACE d agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		(NDTE: Registered Agent signature required w	nen reinstating) DATE
After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75		U00000870572 04/09/08-80050-026_138_75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR 18-CHAI CORP 5500 WEST HOWARD STREET SKOKIE, IL 60066		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,		DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 on the receiver or trustge empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

Date

Daytime Phone #