## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



**FILED** Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90041 011 \*\*\*\*55.00

1. Entity Name	MENT # M050 CHIGAN AVENUE/		UB, LLC				600427	740		
Principal Place 77 W. WACKE CHICAGO, IL	R DRIVE, SUITE 4600	77 W. WA	Mailing Address 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601							
2. Principal Place of Business - No P.O. Box #		Box # 3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			04202007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & Sta	City & State			4. FEI Number 20-2489			<u> </u>	plied For LApplicable
Zip	Country	Zip	C	Country		5. Certificate of	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address	of Current Registered Ag	jent			7. Name and	Address of New	Registered /	Agent	
1201 HAYS	ATION SERVICE COM S STREET SSEE, FL 32301-252			Name Street Ac	ddress (P	.O. Box Number	r is Not Acceptab	le)		
				City				FL	Zip Code	)
	named entity submits this sions of registered agent.	statement for the purpose of	of changing its regi	istered office or	registere	d agent, or both	n, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of r	egistered agent and little if applicable	) (NOTE Reg	gislered Agent signatu	ır <i>e</i> required v	vhen reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
								•	-	<b>3</b>
	ue by May 1, 2007	NG MEMBERS/MANAGER		10.			Florid	•	ent of State	·
9.	MANAGI		RS ☑ Delete	TITLE	MGI	-	ADDITIONS	la Departm	ent of State	<b>X</b> Addition
9.	ue by May 1, 2007	S			Mea 77	ad, Jam W. Wac	ADDITIONS  es E.  ker Dr.	SUIT	Change	<b>▼</b> ] Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGI MGR GELLER, LAURENCE 77 W. WACKER DRIVI CHICAGO, IL 60601 MGR	S E, SUITE 4600		NAME STREET ADDRESS CITY-ST-ZIP TITLE	Mea 77 Ch MG	ad, Jam W. Wac icago,	ADDITIONS  Ses E.  Sker Dr.  IL 6060	SUIT	Change	<b>▼</b> ] Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGI MGR GELLER, LAURENCE 77 W. WACKER DRIVI CHICAGO, IL 60601 MGR MAGGIO, PAULA C 77 W. WACKER DRIVI	S E, SUITE 4600	M Delete	NAME STREET ADDRESS CITY-ST-ZIP	Mea 77 Ch MGI Cyr 77	ad, Jam W. Wac icago, R Jays W. Wac	ADDITIONS  Ses E.  Sker Dr.  IL 6060  on C.  ker Dr.	Suite	Change  Change  Change	Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGI MGR GELLER, LAURENCE 77 W. WACKER DRIVI CHICAGO, IL 60601 MGR MAGGIO, PAULA C 77 W. WACKER DRIVI CHICAGO, IL 60601 MGR MORGAN, MICHAEL 103 FOULK ROAD, SL	S E, SUITE 4600 E, SUITE 4600 T UITE 200	M Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Mea 77 Ch MGI Cyr 77	ad, Jam W. Wac icago, R Jays W. Wac	ADDITIONS  Ses E.  Sker Dr.  IL 6060  on C.	Suite	Change  Change  Change	Addition  Addition
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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.

A NG MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: WILL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANA 27, 2007 Date (312) 658-5000 Daytime Phone # April