


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 027 \*\*\*\*55.00

<b>DOCUMENT # M05000001560</b>	
1. Entity Name SHC CHOPIN PLAZA, LLC	

Principal Place of Business 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601	Mailing Address 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2519878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALLISTER, ROBERT T 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEAD, JAMES E 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBER, MONTE 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, MICHAEL 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREYER, MICHELLE 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** Paula C. Maggio Paula C. Maggio 4-3-06 312-658-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# ATTACHMENT

20026998



STRATEGIC

April 6, 2006

VIA FEDERAL EXPRESS

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: 2005 Limited Liability Company Annual Report for:  
SHC Chopin Plaza, LLC (Document # M905000001560)

To Whom It May Concern:

I have attached an executed original copy of a 2006 Limited Liability Company Annual Report along with a check in the amount of Fifty Five Dollars (\$55.00) which represents payment of the Annual Report and Certificate of Status fee for SHC Chopin Plaza, L.L.C. (Document # M905000001560)

If you have any questions regarding the enclosed, or if I can be of any further assistance, please contact me at (312) 658-5018 or by e-mail at [ncochand@strategichotels.com](mailto:ncochand@strategichotels.com).

Very truly yours,

Nancy Cochand  
Senior Paralegal

cc: Paula Maggio

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