

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**DOCUMENT # M05000001793**

1. Entity Name  
AZULAY, HORN & SEIDEN, LLC



2006 APR 21 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4505 WOODLAND CORPORATE BLVD.  
SUITE 100  
TAMPA, FL 33614

Mailing Address  
4505 WOODLAND CORPORATE BLVD.  
SUITE 100  
TAMPA, FL 33614

*B/K*



**DO NOT WRITE IN THIS SPACE**

04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
45-0522354

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AZULAY, Y. JUDD  
205 N. MICHIGAN AVE. 40TH FLOOR  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AZULAY, DANIEL  
205 N. MICHIGAN AVE. 40TH FLOOR  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SEIDEN, GLENN  
205 N. MICHIGAN AVE. 40TH FLOOR  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HORN, STANLEY J  
205 N. MICHIGAN AVE. 40TH FLOOR  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700072186657  
04/27/06--01003--013 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Ira Azulay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-06

312.632.5200