

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 001 ****50.00

DOCUMENT # M05000001793

1. Entity Name

AZULAY, HORN & SEIDEN, LLC



Principal Place of Business

Mailing Address

4505 WOODLAND CORPORATE BLVD.
SUITE 100
TAMPA FL 33614

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SUITE 100
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #

2102 W. CLEVELAND ST.

3. Mailing Address

2102 W. CLEVELAND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AZULAY, Y. JUDD 205 N. MICHIGAN AVE. 40TH FLOOR CHICAGO IL 60601	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AZULAY, DANIEL 205 N. MICHIGAN AVE. 40TH FLOOR CHICAGO IL 60601	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEIDEN, GLENN 205 N. MICHIGAN AVE. 40TH FLOOR CHICAGO IL 60601	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORN, STANLEY J 205 N. MICHIGAN AVE. 40TH FLOOR CHICAGO IL 60601	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Y. JUDD AZULAY

2-6-07

312-832-9200

Date

Daytime Phone #