

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000004836

1. Entity Name
CENTRUM AT THE TIDES, L.L.C.



Principal Place of Business
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

Mailing Address
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

13/K



04052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3318143

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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**

200069931802

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SLAVEN, ARTHUR
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCLINDEN, JOHN
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ASHKIN, LAURENCE
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOBERSTEIN, MARY
225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

John Mclinden

Date

Daytime Phone #

4/6/06 312)832 2500

FILED
2006 APR 10 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

M05000004836

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:17 AM

ORDER NO. : 972309-065

CUSTOMER NO: 7157078

FILED
2006 APR 10 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CENTRUM AT THE TIDES, L.L.C.

RECEIVED
06 APR 10 AM 10:58
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____