


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 030 \*\*\*\*50.00

<b>DOCUMENT # M06000000257</b>	
1. Entity Name <b>BLACKHAWK FUND MANAGER LLC</b>	

Principal Place of Business <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602</b>	Mailing Address <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602</b>
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2. Principal Place of Business - No P.O. Box # <b>100 N. LASALLE STREET</b>	3. Mailing Address <b>100 N. LASALLE STREET</b>
Suite, Apt. #, etc. <b>SUITE 2200</b>	Suite, Apt. #, etc. <b>SUITE 2200</b>

City & State <b>CHICAGO, IL</b>	City & State <b>CHICAGO, IL</b>
Zip <b>60602</b>	Zip <b>60602</b>
Country	Country

**40070520**



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3718995</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>RICHTMAN, MARK 5037 WESLEY DRIVE TAMPA, FL 33667</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHTMAN, GARY 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARY S. RICHTMAN 100 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**GARY S. RICHTMAN, MANAGING MEMBER**

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

4/13/07 (312) 580-9090

Date Daytime Phone #