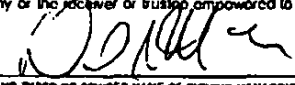


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AS)

FILED
Mar 29, 2007 8:00 am
Secretary of State

02-23-2007 90210 011 ****50.00

DOCUMENT # M06000000417					
1. Entity Name GLADES MOTEL, LLC					
Principal Place of Business 1000 JORIE BLVD., SUITE 44 OAK BROOK IL 60523			Mailing Address 1000 JORIE BLVD., SUITE 44 OAK BROOK IL 60523		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Certificate of Status Desired ☐ 20-4176887 Applied For ☐ Not Applicable \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent URBANCIC, GREGORY L ESQ. GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL N. #300 NAPLES FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				10. ADDITIONS/CHANGES	
1111 NAME STREET ADDRESS CITY ST / ZIP	MGR MCKAY, DANIEL 1000 JORIE BLVD., SUITE 44 OAK BROOK IL 60523 ☐ Delete			1111 NAME STREET ADDRESS CITY ST / ZIP	☐ Change ☐ Addition
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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: 				Date: 2/5/07 630.990.2000 Signature Phone #	