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Secretary of State

02-14-2007 90216 028 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000000849

1. Entity Name
BOYNTON PINEHURST, LLC

Principal Place of Business	Mailing Address
1212 N. LASALLE STREET, SUITE 100 CHICAGO, IL 60610	1212 N. LASALLE STREET, SUITE 100 CHICAGO, IL 60610

01252007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1030 N. Clark Street	1030 N. Clark Street
Suite, Apt. #, etc.: Ste. 300	Suite, Apt. #, etc.: Ste. 300
City & State: Chicago IL	City & State: Chicago IL
Zip: 60610 Country: USA	Zip: 60610 Country: USA

4. FEI Number: 20-4254752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	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 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 ☐ Delete SEG BOYNTON PINEHURST CONSULTANTS, INC. 1212 N. LASALLE STREET, SUITE 100 CHICAGO, IL 60610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1030 N. Clark Street, Ste. 300 Chicago IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 Anthony R. DiBenedetto 1-30-07 312-595-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #