
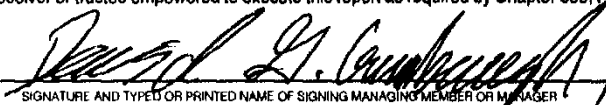


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAY -1 PM 3: 05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #M94000000044			
OAKLAND AVENUE COMPANY, L.L.C., LC C/O DAVID CRUMBAUGH 35 WEST WACKER DRIVE CHICAGO IL 60601		1a. Principal Place of Business Address C/O DAVID CRUMBAUGH 35 WEST WACKER DRIVE CHICAGO IL 60601			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1994	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		36-3954763	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				06/10/1996	<input type="checkbox"/> No Additional Fee Required
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
MARTIN, SNOW E JR. 200 LAKE MORTON DR. LAKELAND FL 33801			Name Street Address (P.O. Box Number is Not Acceptable) 700002176887--7 Suite, Apt. #, etc. -05/13/97--01073--003 ***203.75 ***203.75 City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CRUMBAUGH, DAVID	35 WEST WACKER DRIVE		CHICAGO IL	
MEM	CRUMBAUGH, WENDELL	RURAL ROUTE #1		LEROY IL	
MEM	KILLOREN, GLENN A	560 SOUTH VERMONT STREET		PALATINE IL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Date: 3/17/97		Daytime Phone #: (312) 558-5844	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					