

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 11 AM 10:57

**FILING FEE \$ 188.75** **Annual Report \$100.00 + \$88.75 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 CRUMBOUGH  
SUITE 5800, SEARS TOWER  
CHICAGO IL 60606

1a. Principal Place of Business Address

C/O DAVID CRUMBAUGH  
35 WEST WACKER DRIVE  
CHICAGO IL 60601

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

☐ Applied For

36-3954763

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

05/12/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MARTIN, SNOW E JR.  
200 LAKE MORTON DR.  
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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

(Registered Agent Accepting Appointment) (SOLE Registered Agent Signature Required When Creating a New Agent)

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

000002806226-7  
03/15/99-01120-013  
\*\*\*\*188.75 \*\*\*\*188.75

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: *David G. Crumbaugh* David G Crumbaugh 3/1/99 (312) 816 - 7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MUST APPEAR FOR EACH MANAGING MEMBER