


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 FEB 18 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>WARMAN OLSEN WARMAN L.L.C.</b> <b>27 EAST MONROE STREET, SUITE 1400</b> <b>CHICAGO IL 60603</b>	<b>DOCUMENT #M95000000341</b>
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1a. Principal Place of Business Address  <b>27 EAST MONROE STREET, SUITE</b> <b>CHICAGO IL 60603</b>
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2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified <b>11/16/1995</b>	3a. State of Formation <b>IL</b>
4. FEI Number <b>36-4048319</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>06/06/1996</b>	6. Certificate of Status Desired <input type="checkbox"/> (If 2a Annual Fee Required)

7. Name and Address of Current Registered Agent  <b>WARMAN, RALPH E</b> <b>9853 NORTH TAMiami TRAIL, SUITE 2270</b> <b>NAPLES FL 33963</b>
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WARMAN, RALPH	9853 N. TAMiami TRAIL, SUI	NAPLES FL

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\*\*\*\*203.75 \*\*\*\*203.75

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:**  **Ralph E. Warman** 2/8/97 941-514-1327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #