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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

LC 5/12 FILED
99 MAY -5 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 # M97000000344

TAAZ OF ILLINOIS, L.L.C.
6413 CONGRESS AVENUE, SUITE 250
BOCA RATON FL 33487

1a. Principal Place of Business Address

6413 CONGRESS AVENUE, SUITE
BOCA RATON FL 33487

2. Principal Place of Business	2a. Mailing Address
5400 Broken Sound Blvd.	161 N. Clark Street
Suite, Apt. #, etc. Ste. 100	Suite, Apt. #, etc. Ste. 2600
City & State Boca Raton, Florida	City & State Chicago, Illinois
	Country Cook

3. Date Organized or Qualified	3a. State of Formation
06/13/1997	IL
4. FEI Number 65-0755939	☐ Applied For ☐ Not Applicable
5. Date of Last Report	6. Certificate of Status Desired $5.75 Additional Fee Required ☐

PLEASE NOTE: THE 1999

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City | FL | Zip Code

9. Pursuant to the provisions of Sections 608.415 and 608.506, 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	LEVITETZ, JEFFREY A	5400 Broken Sound Blvd., #100	Boca Raton, FL 33487
MGRM	RICCIARDI, SALVATORE T	5400 Broken Sound Blvd., #100	Boca Raton, FL 33487

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****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: _____ Manager 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)