LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90243 031 ****50.00

1. Entity Na	JMENT#' M970 ame Alfred Associa		04-22-2002 9024	04-22-2002 90243 031 ****50.00		
British III.	and deployed			15.		
	DO NOT WRI	TE IN THIS		943786		
2 N.	Principal Place of Business 2 N. LaSalle		* THE STATE OF THE			
	e 725	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE		
City & Sta	ago, IL			4. FEI Number 36-4165125	4. FEI Number 36-4165125 Applied For	
60602	2 Country USA	Zip	Country		Not Applicable \$5.00 Additional Fee Required	
			None	7. Name and Address of Current Registered	Agent	
	DO NOT	WRITE	Name Street Add			
	IN THIS S		Sirect Add	ress (P.O. Box Number is Not Acceptable)		
		e e e e e e e e e e e e e e e e e e e	City			
8 The shows	Parmed antibuo harte ale			<u> </u>	Zip Code	
	Harried entity submits this stateme	int for the purpose of changi	ng its registered office or re	gistered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered a			<u> </u>		
9.	MANAGING MFN	Make Chec	FEEIS 33000 k Rayable to Departme , DUE BY MAY 1	nto/State		
TITLE	Manager	· ·	TITLE			
NAME STREET ADDRESS	Zev Karkomi		NAME			
CITY-ST-ZIP	2 N. LaSalle, Chicago, IL 60	Suite 725	STREET ADORESS CITY-ST-ZIP			
TOLE	0.1.2-04-9-07		TITLE			
NAME Street address			NAME OF THE POINT			
CITY-SI-ZIP		<u></u>	STREET ADDRESS CITY: ST. ZIP			
TITLE :			_ TITLE			
STREET ADDRESS			NAME STREET ADDRESS		***	
CITY-ST-ZIP			CITY-ST-7IP	DO NOT WRIT		
TITLE LAME			TITLE	IN THIS SPACE	**************************************	
TREET ADDRESS			NAME STREET ADDRESS			
TLE			CITY ST-ZIP			
AME			TITLE NAME			
TY-ST-ZIP	** *		STREET ADDRESS			
TLE			CITY ST-ZIP			
AME IREET ADDRESS			NAME			
TY-ST-ZIP			STREET ADDRESS		satina og sakk gitt	
1. I hereby cer	tify that the information supplied wit	th this filing does not qualify		Section 119.07(3)(i), Florida Statutes, I furtifier contitut	* * **	

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: Zev Karkomi, Manager 15-02 312/855-0930	SIGNATURE:	Kulusi .	771 1			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED DEPOSES TATIVE		I-V-IVCOVC LE	v Karkomi.	Manageria	しくへのみ 21つ	/055 0000
- STOCKING MANAGER, OR AUTHORIZED DEDOESCATATIVE	SIGNATURE AND TYPED OR PRINTED N	AME OF SIGNING MANACING MEMOCO ANALYS		anager	<u> </u>	/000-0930
Date Date Dating Change		TIME OF GIGHTING MANAGEMENT OF THE STATE OF	ER, OR AUTHORIZED REPRESENT	TATIVE Date		