

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
05 JUN 30 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M99000000939</b> 1. Entity Name <b>SL JUPITER, L.L.C.</b>			
Principal Place of Business <b>11 E. WACKER SUITE 2200 CHICAGO, IL 60601</b>		Mailing Address <b>203 N. LASALLE STREET SUITE 1800 ATTN: BEV MONTGOMERY CHICAGO, IL 60601</b>	
2. Principal Place of Business <b>11 E. Wacker</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>203 N. LaSalle Street</b> <small>Suite, Apt. #, etc.</small> <b>Suite 1900 Attn: Gayle Brock</b>	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60601		Zip 60601	
Country USA		Country USA	
4. FD Number <b>30-4330999</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEXIS DOCUMENT SERVICES, INC 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____			
Filing Fee is \$50.00 Due by September 7, 2005		[REDACTED]	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGR SL JUPITER HOLDINGS, L.L.C. 111 EAST WACKER, SUITE 2200 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056802912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 prosecute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Stephany</u>		Date: <u>6/29/05</u> Phone: <u>312-633-4333</u>	



M99000000939

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 459159 4304492

AUTHORIZATION :

*Patricia Piguto*

COST LIMIT : \$ 50.00

ORDER DATE : June 30, 2005

ORDER TIME : 11:12 AM

ORDER NO. : 459159-010

CUSTOMER NO: 4304492

CUSTOMER: Susan B. Cory  
Dla Piper Rudnick Gray Cary  
Suite 1800  
203 North Lasalle Street  
Chicago, IL 60601-1293

*SK*

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NAME: SL JUPITER, L.L.C.

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_