

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000963

1. Entity Name
PINES AND PALMS GOLF COURSE, L.L.C.



Principal Place of Business
200 WEST MADISON STREET, 37TH FLOOR
CHICAGO, IL 60606

Mailing Address
200 WEST MADISON STREET, 37TH FLOOR
CHICAGO, IL 60606



03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4267376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000116305

04/16/04-80059-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PRITZKER, PENNY
STREET ADDRESS 200 WEST MADISON ST, 37 FLOOR
CITY-ST-ZIP CHICAGO, IL 60606

TITLE MGR
NAME POORMAN, JOHN K
STREET ADDRESS 200 WEST MADISON ST, 37 FLOOR
CITY-ST-ZIP CHICAGO, IL 60606

TITLE MGR
NAME COHEN, ROBBIN
STREET ADDRESS 200 WEST MADISON ST, 37 FLOOR
CITY-ST-ZIP CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 13, 2004

Date

Daytime Phone #

John Kevin Poorman, Manager