


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000001499</b> 1. Entity Name HSA-LM, LLC	
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<b>Principal Place of Business</b> C/O HSA COMMERCIAL, INC. 180 N. WACKER DR., STE 500 CHICAGO, IL 60606	<b>Mailing Address</b> C/O HSA COMMERCIAL, INC. 180 N. WACKER DR., STE 500 CHICAGO, IL 60606
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08022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4311669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

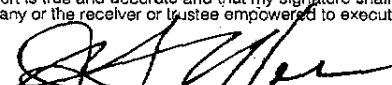
**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAFFER, JOHN E 180 N. WACKER DR., STE 500 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMIETANA, ROBERT E 180 N. WACKER DR., STE 500 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TINSLEY, STEPHEN J 161 N. CLARK ST #2400 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  John E Shaffer  
Managing Member 8/2/05 312332-3555