2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001499

1. Entity Name
HSA-LM, LLC

Principal Place of Business
C/O HSA COMMERCIAL, INC.
180 N. WACKER DR., STE 500
CHICAGO, IL 60606

Mailing Address
C/O HSA COMMERCIAL, INC.
180 N. WACKER DR., STE 500
CHICAGO, IL 60606

D3212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4311669
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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, 2006

9. MANAGING MEMBERS/MANAGERS

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

U000000530492
05/05/06-80118-017 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/10/06 312-332-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #