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

DO NOT WRITE IN THIS SPACE

D3212006No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	

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05/05/06-80118-017 50.00

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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 #