




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90229 038 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 233 South Wacker Dr.		3. Mailing Address 233 South Wacker Dr.			
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350		03292007 Chg-LLC CR2E083 (12/06)	
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 36-4311669	
Zip Country 60606 USA		Zip Country 60606 USA		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			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAFFER, JOHN E 180 N. WACKER DR., STE 500 CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 233 South Wacker Dr, Suite 350	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMIETANA, ROBERT E 180 N. WACKER DR., STE 500 CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 233 South Wacker Dr, Suite 350	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TINSLEY, STEPHEN J 161 N. CLARK ST #2400 CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, Mgr. 4/2/07 312-332-3555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		