

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001505 1. Entity Name HARBOR BLUFFS VENTURE, LLC	
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Principal Place of Business 2275 HALF DAY ROAD BANNOCKBURN, IL 60015	Mailing Address C/O DOLAN ASSOCIATES, LTD. 2275 HALF DAY ROAD BANNOCKBURN, IL 60015
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04192004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 36-3234477	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STRUMPF, JILL 314 SOUTH MISSOURI AVE., SUITE 305 CLEARWATER, FL 33756

**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**

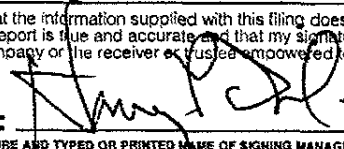
U000000140290
04/29/04-80157-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUFFCO, INC. 2275 HALF DAY ROAD BANNOCKBURN, IL 60015
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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:

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

4-26-04 847-945-6600

Date

Daytime Phone #