2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# M99000001959

Entity Name: SAHTOOMA, LLC

Current Principal Place of Business:

5400 BROKEN SOUND BLVD
STE #100
BOCA RATON, FL 33487

New Principal Place of Business:

5400 BROKEN SOUND BLVD NW
#100
BOCA RATON, FL 33487

Current Mailing Address:

161 N. CLARK ST., STE 2600
CHICAGO, IL 60601

New Mailing Address:

161 N. CLARK STREET
#100
CHICAGO, IL 60601

FEI Number: 36-4331562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVITETZ, JEFFREY
Address: 5400 BROKEN SOUND BLVD., N.W. #100
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete
Name: RICCIARDI, SALVATORE
Address: 5400 BROKEN SOUND BLVD., N.W. #100
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEVITETZ, JEFFREY A
Address: 5400 BROKEN SOUND BLVD., N.W. #100
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY A. LEVITETZ MGRM 04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date