


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000Q00146**

1. Entity Name  
**PLATO FOUFAS & CO., L.L.C.**



Principal Place of Business      Mailing Address

**333 N. MICHIGAN AVE., STE. 501**      **333 N. MICHIGAN AVE., STE. 501**  
**CHICAGO, IL 60601**      **CHICAGO, IL 60601**

**DO NOT WRITE IN THIS SPACE**



01162006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>36-4226842</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PFCO, INC.</b> <b>333 N. MICHIGAN AVE., STE. 501</b> <b>CHICAGO, IL 60601</b>
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U00000516228  
 04/29/06-80241-007 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: [Signature] **Sec. of PFCO, Inc.** 4/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #