

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90204 011 ****50.00

DOCUMENT # M01000001335

1. Entity Name
ERNST & YOUNG CORPORATE FINANCE LLC



Principal Place of Business
**233 SOUTH WACKER DRIVE
CHICAGO, IL 60606**

Mailing Address
**233 SOUTH WACKER DRIVE
CHICAGO, IL 60606**



05032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2977627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
GRIFFITH, PETER H
725 S FIGUEROA ST
LOS ANGELES, CA 900175418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SCHWAB, PETER W
233 S WACKER DR (SEARS TOWER)
CHICAGO, IL 606066301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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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: _____

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

Date

Daytime Phone #