## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000000861

1. Entity Name **GREELEY AND HANSEN LLC** 



Principal Place of Business Mailing Address

100 SOUTH WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606

100 SOUTH WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606

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



04072008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-1164980

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

		}		
8. The above the obligat	named entity submits this statement for the purpose of characteristics of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and ecc	
SIGNATURE	Signature, typed or pointed name of registered agent and title if applicable.			
	эфиция, урас от риг од пата от гарияето адат ато воз и пррихари.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, THOMAS J 100 SOUTH WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606			
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BILE NAME STREET ADDRESS CITY-ST-ZIP			·	
TITLE NAME STREET ADDRESS			•	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes. If 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 infinited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thomas J. Sullivan E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE