

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000004088 1. Entity Name STELLAR PERFORMANCE MANUFACTURING, L.L.C.					
Principal Place of Business 640 N. LASALLE, SUITE 295 CHICAGO IL 60610			Mailing Address 1155 S. WASHINGTON ST., STE. 204 NAPERVILLE IL 60540		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2132121	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERG, KEVIN 640 N. LASALLE, SUITE 295 CHICAGO IL 60610	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			



1st MOORE CR2E083 (10/05)

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERG, KEVIN 640 N. LASALLE, SUITE 295 CHICAGO IL 60610	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add	

U00000530904
05/06/06 00017 007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kevin Berg, Mgr. 4-10-06 312-799-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #