


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Aug 18, 2008 08:00 AM  
Secretary of State**

DOCUMENT # M07000006143 1. Entity Name WINDY CITY WIRE CABLE AND TECHNOLOGY PRODUCTS, LLC	
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Principal Place of Business 9218 PALM RIVER ROAD, STE. 206 TAMPA, FL 33619	Mailing Address 9218 PALM RIVER ROAD, STE. 206 TAMPA, FL 33619
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08082008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4200970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

U00000957865  
08/18/08-80008-009 538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALGANO, RICHARD G 386 INTERNATIONALE DRIVE, STE. H BOLINGBROOK, IL 60440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'MALLEY, KEVIN 515 S. FIGUEROA STREET, STE. 1100 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDLER, ROBERT 515 S. FIGUEROA STREET, STE. 1100 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: David J. Seidler 630-633-4500

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