2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 21, 2005 8:00 am Secretary of State 02-16-2005 90166 001 *****5.00

DOCUMENT # L03000047529 1. Entity Name						02-16-2005 90166 001 *****5.00 03-21-2005 90796 016 ****45.00			
THOMAS AND TRUDI WOODLOCK INVESTMENTS LLC						03-21-200	3 90/96 01	.6 **** 4.	3.00
Principal Plac	e of Busines	S	Mailing Address						
14600 MORNINGSIDE ROAD 11/14/14/14/14/14/14/14/14/14/14/14/14/1						क्षा स्थापना र ज्योग र र स्थापन स स्थापन स्थापन	ien kirkijan	ş (3	
Outside Land In Control of Contro							i nga ka 1955. Nga daya da ya daya da	rei ense men Per ense	eri m ieri
2. Principal P		ness Strangers trans	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)			
City & State			City & State			4. FEI Number 20-07887	51		plied For t Applicable
Zip	Country		Zip Country		itry	5. Certificate of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent						7. Name and Address of Nev	Registered A	gent	
TALDONE, NICHOLAS J ESQ.					Name	<u> </u>		·	
253	6 COUNT	RYSIDE BLVD. RRYSIDE BLVD. R FL 33763	· Street Address			(P.O. Box Number is Not Acceptable)			
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					City		FI	Zip Code	Ð
8. The above	named entit	ly submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both, in the State of	Florida, I am ta	miliar with	and accept
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 legistered agent and title if applicable (NOTE Registered Agent agent around when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00									
			Make Check Payab			nt of State.			1
			. (⇔Du	e By M	ay 1, 2005				
9.		MANAGING MEMBER	RS/MANAGERS	10.		ADDITION	S/CHANGES		
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STREET ADDRESS	WOODLOCK, THOMAS \$ 14600 MORNINGSIDE ROAD ORLAND PARK IL 60462			NAM	AE EET ADDRESS				İ
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TITLE NAME	}		☐ Delete	TITL		•		☐ Change	Addition (
STREET ADDRESS				NAA SIR	EET ADORESS		` .		1
CITY-ST-ZIP	1				Y-ST-ZIP				_ }
	certify that th	ne information supplied with	this filing does not qualify to			ection 119.07(3Yi) Florida Statute	s Liurther cert	ify that the in	otormatico
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 acropowered to execute this report as required by Chapter 608, Florida Statutes.									
illifield liability company of the receiver of trustee ampowered to execute his report as required by Chapter 508, Florida Statutas.									
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