

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047529

1. Entity Name
THOMAS AND TRUDI WOODLOCK INVESTMENTS LLC



Principal Place of Business
**14600 MORNINGSDR ROAD
ORLAND PARK IL 60462**

Mailing Address
**14600 MORNINGSDR ROAD
ORLAND PARK IL 60462**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **20-0788751** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TALDONE, NICHOLAS J ESQ.
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 33763**

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 _____ (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 WOODLOCK, THOMAS 14600 MORNINGSDR ROAD ORLAND PARK IL 60462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000451093 03/10/06-80035-011 55.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODLOCK, TRUDI 14600 MORNINGSDR ROAD ORLAND PARK IL 60462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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: Trudi Woodlock Trudi Woodlock 2/23/06 708-319-9417