

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 019 ****55.00

DOCUMENT # L03000047529 1. Entity Name THOMAS AND TRUDI WOODLOCK INVESTMENTS LLC					
Principal Place of Business 14600 MORNINGSTAR ROAD ORLAND PARK IL 60462			Mailing Address 14600 MORNINGSTAR ROAD ORLAND PARK IL 60462		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ DATE _____ Signature is, by means of number or name of representative agent and title, if applicable. (NOTE: Registered Agent is separate from the filing individual)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WOODLOCK, THOMAS 14600 MORNINGSTAR ROAD ORLAND PARK IL 60462		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WOODLOCK, TRUDI 14600 MORNINGSTAR ROAD ORLAND PARK IL 60462		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: <u>Thomas Woodlock</u> <u>Thomas Woodlock</u> <u>6/18/07</u> <u>708-349-9417</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					