

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047187

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: 337 6TH AVENUE NORTH, L.L.C.

**Current Principal Place of Business:**

C/O JAMES W. WILSON  
2511 BURLING  
CHICAGO, IL 60614

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAMES W. WILSON  
2511 BURLING  
CHICAGO, IL 60614

**New Mailing Address:**

FEI Number: 20-0866797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENEVIE, JOHN  
4909 S ELBERON  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAMES W. WILSON REVO, CABLE TRUST  
Address: 2511 BURLING  
City-St-Zip: CHICAGO, IL 60614

Title: MGR ( ) Delete  
Name: CLIFFORD A BENDER LI, VING TRUST  
Address: 12318 RIVER ROAD  
City-St-Zip: PLANO, IL 60545

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W. WILSON REVOCABLE TRUST

MGRM

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date