

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047187

**FILED**  
**Feb 21, 2011**  
**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:**

C/O JAMES W. WILSON  
337 6TH AVE N  
TIERRA VERDE, FL 33715

**Current Mailing Address:**

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

**New Mailing Address:**

C/O JAMES W. WILSON  
1092 CHERRY ST  
WINNETKA, IL 60093

**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  
Name: JAMES W. WILSON REVOCABLE TRUST  
Address: 1092 CHERRY ST  
City-St-Zip: WINNETKA, IL 60093

Title: MGR  
Name: CLIFFORD A BENDER LIVING TRUST  
Address: 12318 RIVER ROAD  
City-St-Zip: PLANO, IL 60545

I hereby 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

MGRM

02/21/2011

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