

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000015560

1. Entity Name
AZZARELLI LAND, LLC



Principal Place of Business

**4356 W. ROUTE 17
KANKAKEE, IL 60901**

Mailing Address

**P.O. BOX 767
KANKAKEE, IL 60901**

FILED
Jan 10, 2005 08:00 AM
Secretary of State



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2606202

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

**AZZARELLI, SAMUEL J
161 BATH CLUB CIRCLE
NO REDINGTON BEACH, FL 33708**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

DATE
01/10/05-80052-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**MGR
HINTON, LARRY A
2473 POTTER TURN
LAMKAKEE, IL 60901**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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NAME
STREET ADDRESS
CITY-ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-6-05

815-937-8700