

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90046 023 ****50.00

DOCUMENT # L03000019460
 1. Entity Name
CHEECA EMPLOYMENT COMPANY, LLC



Principal Place of Business
**8609 WEST BRYN MAWR, STE 209
 CHICAGO, IL 60631**

Mailing Address
**8609 WEST BRYN MAWR, STE 209
 CHICAGO, IL 60631**

34006009



2. Principal Place of Business
180 S. Cache
 Suite, Apt. #, etc.
Jackson, WY
 City & State
83001
 Zip

3. Mailing Address
PO Box 14250
 Suite, Apt. #, etc.
Jackson WY
 City & State
83002
 Zip

04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0182542 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MANN & WOLF, LLP
4300 N UNIVERSITY DR, STE C-203
SUNRISE, FL 33351

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 *[Signature]* DATE **4-12-04**

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jerry Johnson PO Box 14250 Jackson WY 83002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **4-12-04** DAYTIME PHONE # **307-739-8799**

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