

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012860

Entity Name: PURDY-BUCK-WILKINS, LLC

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

466 DRIFTWOOD COURT
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

466 DRIFTWOOD COURT
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN A. NOLD, P.A.
995 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 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/MEMBERS:

Title: MGRM () Delete
Name: BUCK, JOHN
Address: ONE NORTH WACKER DRIVE, SUUITE 2400
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: PURDY, EVANS L
Address: 466 DRIFTWOOD COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: WILKINS, PATRICK
Address: 1000 PETTIT COURT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

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

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 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 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: EVANS L. PURDY

MGR

04/04/2005

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