

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90039 033 \*\*\*\*50.00

**DOCUMENT # L04000028180**

1. Entity Name  
**CLASS ONE CONSULTING, LLC**



Principal Place of Business  
**5135 GOLF ROAD, C/O BOB LYMAN  
SKOKIE, IL 60077-1299**

Mailing Address  
**5135 GOLF ROAD, C/O BOB LYMAN  
SKOKIE, IL 60077-1299**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**30-0244564**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUDD, DONALD  
131 OCEAN GRANDE #504  
JUPITER, FL 33477**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☐ Delete  
~~MUDD, DONALD~~ **Mudd, Donald**  
STREET ADDRESS  
CITY-ST-ZIP **1150 LASALLE STREET  
CHICAGO, IL 60610**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **TREAS.** ☐ Delete  
**LYMAN, ROBERT E**  
STREET ADDRESS **1111 HAYMS**  
CITY-ST-ZIP **1111 HAYMS  
HIGHLAND PARK, IL 60036** **Glenview, IL 60025**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**BOB LYMAN**

**4-12-06**

**847-679-3600**

Date

Daytime Phone #