2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000028180

1. Entity Name CLASS ONE CONSULTING, LLC



FILED Mar 25, 2008 08:00 AN Secretary of State

Principal Place of Business .

5135 GOLF ROAD, C/O DONALD MUDD SKOKIE, IL 60077-1299

Mailing Address

5135 GOLF ROAD, C/O DONALD MUDD SKOKIE, IL 60077-1299



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
30-0244564			Not Applicable
5. Certificate of Status Desired		\$5.00	O Additional

Fee Required

6. Name and Address of Current Registered Agent

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

CITY-ST-7IP

DO NOT WRITE IN THIS SDACE

		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and life if applicable (NOTE	E: Registered Agent signature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	U00000870580 04/09/08-80050-027 138.75
9. TITLE	MANAGING MEMBERS/MANAGERS MGRM	
NAME STREET ADDRESS CITY-ST-ZIP	MUDD, DONALD 1150 LASALLE STREET CHICAGO, IL 60610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS		

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:	100	nold	Mudd		
SIGNATURE	AND TYPED O	R PRINTED NAME OF	SIGNING MANAGING MEMB	ER, OR AUTHORIZED REPR	ESENTATIVE