2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L0400081435 1. Entity Name CHICAGO EQUITY PARTNERS, LLC | | | | Secretary of State 07-25-2006 90082 002 ****65.00 | | | |
|--|---|---|--|--|--|------------------------------|--|
| Principal Place of Business 2811 SAYBROOK COURT TAMPA, FL 33610 Mailing Address 2811 SAYBROOK COURT TAMPA, FL 33610 | | | of Changed | A INGANIANI AND ANGIN ANGIN ANGIN A | 111 S 1555 CONTROL (1111) CONTROL (1116 S) | TELS ON CONTROL | |
| 2. Principal Place of Business 28 // SAYBROOK CT | | 3. Mailing Address 2332 WOODSIDE Dr. | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 07192006 Chg-LLC | CR2E083 (11/05) | | |
| City & State | | City & State CARPENTERS_V | ille IL | 4. FEI Number 20-1862331 | | oplied For ot Applicable | |
| Zip 33610 | Country USA | Zip 60110 | Country USA | 5. Certificate of Status Des | / \ Fee Hequire | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of N | lew Registered Agent | | |
| | | | Name N | Name M. | | | |
| MESTEY, JOSE N 2811 SAYBROOK COURT | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| TAMPA, FL 33610 | | | 2 | 23 | | | |
| | | | City | FL Zip Code | | | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its re | egistered office or regist | ered agent, or both, in the State | | | |
| SIGNATURE . | Signature, typed or printed plane of registered agent | and title if applicable. (NOTE: | Registered Agent signature requi | red when reinstating) | 07-18-0 | 7 | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | | | | |
| | | , | | F | Make check payable to lorida Department of State | e | |
| | | RS/MANAGERS | 10. | | | e | |
| Due t | by September 6, 2006 | RS/MANAGERS | 10. | | lorida Department of Stat | e Addition | |
| Due b | September 6, 2006 MANAGING MEMBE | | • | | IONS/CHANGES | | |
| 9. | MANAGING MEMBE | | TITLE | | IONS/CHANGES | | |
| 9. TITLE NAME | MANAGING MEMBE P MESTY, JOSE | | TITLE NAME | | IONS/CHANGES | | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE P MESTY, JOSE 2811 SAYBROOK CT | | TITLE NAME STREET ADDRESS | | IONS/CHANGES | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBE P MESTY, JOSE 2811 SAYBROOK CT TAMPA, FL 33610 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | Iorida Department of Statu | Addition | |
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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

Ju n. m. 2

07-18-07

FILED

Jul 25, 2006 8:00 am