


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086667 1. Entity Name TORMA INVESTMENTS, LLC	
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Principal Place of Business 1240 WHIPPOORWILL ROAD CARTERVILLE, IL 62918 US	Mailing Address 1240 WHIPPOORWILL ROAD CARTERVILLE, IL 62918 US
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DO NOT WRITE IN THIS SPACE



01212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34681

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000719445
05/01/07-80064-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORMA, STEVEN C 1240 WHIPPOORWILL ROAD CARTERVILLE, IL 62918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORMA, PATRICIA A 1240 WHIPPOORWILL ROAD CARTERVILLE, IL 62918
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Steven C. Torma Patricia A. Torma 4/15/07 618-922-9438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #