2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093615

1. *Entity Name*
BOUCHELLE 418 DEVELOPMENT LLC

Principal Place of Business	Mailing Address
285 WEST DUNDEE ROAD PALATINE, IL 60074	285 WEST DUNDEE ROAD PALATINE, IL 60074

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2141049 – Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DIMUCCI, ANTHONY P
3422 SOUTH ATLANTIC AVE.
DAYTONA BEACH, FL 32116

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOSEPH DIMUCCI GRANTOR TRUST
STREET ADDRESS	285 WEST DUNDEE ROAD
CITY-ST-ZIP	PALATINE, IL 60074
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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: Anthony Dimucci 1-27-06 847-991-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #