2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093615

1. Entity Name

BOUCHELLE 418 DEVELOPMENT LLC



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

285 WEST DUNDEE ROAD PALATINE, IL 60074

Mailing Address

285 WEST DUNDEE ROAD PALATINE, IL 60074



DO NOT WRITE IN THIS SPACE

01262007No Chg-LLC CR28

CR2E083 (11/05)

4. FEI Number		Applied For
20-2141049		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DIMUCCI, ANTHONY P 3422 SOUTH ATLANTIC AVE. DAYTONA BEACH, FL 32116 DO NOT WRITE
IN THIS SPACE

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			e na na particular de la compansión
	e named entity submits this statement for the purpose of chations of registered agent.	nging its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	I have been been been been been been been be	are miles and a server of the respect of the server
NAME	JOSEPH DIMUCCI GRANTOR TRUST	to be the continue there is the second	an ang atalong ing pilong at an ing at penghang ang biji mang ing ing ing pilong
CTREET ARROCCE	285 MEST DUNDEE POAD		

PALATINE, IL 60074 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

02/09/07-80048-007-50.00

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નકુંદા, કેફ્રાંડ ફરિલ્ફ્રો પ્રેક્ષેપિક એક પોલિક સુવાલે કરે, મોર્સ્ટ પોલિક કહે કહ્યું કરે છે. ત્યાર માર્સ્ટ કરો

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-71-07

847-891-440

Date

Daytime Phone #