


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90257 049 \*\*\*\*50.00

<b>DOCUMENT # L05000001997</b>	
1. Entity Name <b>FURLONG GROUP, LLC</b>	

Principal Place of Business <b>11239 CHESAPEAKE PLACE WESTCHESTER, IL 60154</b>	Mailing Address <b>11239 CHESAPEAKE PLACE WESTCHESTER, IL 60154</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <b>P.O. Box 7016</b>	Suite, Apt. #, etc. <b>P.O. Box 7016</b>
City & State <b>WESTCHESTER IL</b>	City & State <b>WESTCHESTER IL</b>
Zip <b>60154-7016</b>	Country <b>USA</b>

		
03152006	Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-2153175</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>MOELLERS, TERRI 9392 SWEETGRASS WAY NAPLES, FL 34108</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAHILL, JOHN P 11239 CHESAPEAKE PLACE WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAHILL, JILL S 11239 CHESAPEAKE PLACE WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>35529 OLIVE CT. INGLESIDE IL <del>31110</del> 60041</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2350 BUCKINGHAM AVE WESTCHESTER, IL 60154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *John Cahill* 03/15/2006