


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90368 031 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L05000001997</b><br>1. Entity Name<br><b>FURLONG GROUP, LLC</b>  |   |  |  |                |  |
| Principal Place of Business<br><b>PO BOX 7016<br/>WESTCHESTER, IL 60154-7016</b>   |   |  | Mailing Address<br><b>PO BOX 7016<br/>WESTCHESTER, IL 60154-7016</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>35529 N. OLIVE ST</b>   |   | 3. Mailing Address<br><b>P.O. Box 976</b>  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>INGLESIDE IL</b>  |   | City & State<br><b>INGLESIDE IL</b>  |  | 4. FEI Number<br><b>20-2153175</b>  |  |
| Zip<br><b>60041-0876</b>   |   | Country<br><b>LAKE</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOELLERS, TERRI<br/>9392 SWEETGRASS WAY<br/>NAPLES, FL 34108</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>CAHILL, JOHN P<br/>35529 OLIVE CT<br/>INGLESIDE, IL 60041</b>        | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>P.O. Box 976</b>                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>CAHILL, JILL S<br/>2350 BUCKINGHAM AVE<br/>WESTCHESTER, IL 60154</b> | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>P.O. Box 976<br/>INGLESIDE, IL 60041-0876</b> |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>4/30/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |  |  |   |  |