

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90037 041 \*\*\*\*50.00

**DOCUMENT # L05000015079**

1. Entity Name

**MAKING MONEY, L.L.C.**



Principal Place of Business

**333 41ST STREET, SUITE 506  
MIAMI BEACH FL 33140**

Mailing Address

**333 41ST STREET, SUITE 506  
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

*401 N. Michigan Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#1300*

City & State

City & State

*Chicago, IL*

Zip

Country

Zip

*60611*

Country

*USA*

1st MOORE

CR2E083 (10/05)



4. FEI Number

*20-2539893*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURRELL, BARBARA  
1000 SOUTH POINTE DRIVE, SUITE 403  
MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Barbara Burrell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURRELL, BARBARA  
1000 SOUTH POINTE DRIVE, SUITE 403  
MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ECKER, HOWARD  
401 NORTH MICHIGAN AVENUE, SUITE 1300  
CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barbara Burrell* **Barbara Burrell**

*3-29-06*

*312-925-1204*

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

Date

Daytime Phone #