

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015079

Entity Name: MAKING MONEY, L.L.C.

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

C/O HOWARD ECKER  
401 N MICHIGAN AVE 1300  
CHICAGO, IL 60611

## New Mailing Address:

C/O HOWARD ECKER  
35 EAST WACKER DRIVE, SUITE 3400  
CHICAGO, IL 60601

FEI Number: 20-2539893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BURRELL, BARBARA  
Address: 1000 SOUTH POINTE DRIVE, SUITE 403  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: ECKER, HOWARD  
Address: 401 NORTH MICHIGAN AVENUE, SUITE 1300  
City-St-Zip: CHICAGO, IL 60611

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ECKER, HOWARD  
Address: 35 EAST WACKER DRIVE, SUITE 3400  
City-St-Zip: CHICAGO, IL 60601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MS.

01/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date