

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015079

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

FILED
Jan 10, 2009
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
35 EAST WACKER DRIVE, SUITE 3400
CHICAGO, IL 60601

New Mailing Address:

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:

BURRELL, BARBARA
333 41ST ST
SUITE 506
MIAMI BEACH, FL 33140 US

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: BARBARA BURRELL

01/10/2009

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: 35 EAST WACKER DRIVE, SUITE 3400
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURRELL, BARBARA
Address: 3750 NORTH LAKE SHORE DRIVE, #14D
City-St-Zip: CHICAGO, IL 60613

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

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

PRES

01/10/2009

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