

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048378

Entity Name: E L M CONSULTING, L.L.C.

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

619 S.W. WATER STREET STE 3C
PEORIA, IL 61602

New Principal Place of Business:

60 STATE STREET
SUITE 201
PEORIA, IL 61602

Current Mailing Address:

619 S.W. WATER STREET STE 3C
PEORIA, IL 61602

New Mailing Address:

60 STATE STREET
SUITE 201
PEORIA, IL 61602

FEI Number: 36-4236603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, TODD
1915 WIGMORE STREET
JACKSONVILLE, FL 32226 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: MGR () Delete
Name: GRAVES, LEE
Address: 619 S.W. WATER STREET
City-St-Zip: PEORIA, IL 60602

Title: MGR () Delete
Name: BOURAZAK, JIM
Address: 619 S.W. WATER STREET
City-St-Zip: PEORIA, IL 60602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAVES, LEE
Address: 60 STATE STREET, SUITE 201
City-St-Zip: PEORIA, IL 60602

Title: MGR (X) Change () Addition
Name: BOURAZAK, JIM
Address: 60 STATE STREET, SUITE 201
City-St-Zip: PEORIA, IL 60602

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BOURAZAK

CFO

03/31/2006

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