


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000066751 1. Entity Name BOX HOLDINGS GRUPO, LLC	
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Principal Place of Business 1007 CHURCH STREET, STE. 309 EVANSTON, IL 60201	Mailing Address 1007 CHURCH STREET, STE. 309 EVANSTON, IL 60201
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07022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3106269	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOX, MURRAY L 1007 CHURCH STREET, STE. 309 EVANSTON, IL 60201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOX, JOHN R 1007 CHURCH STREET, STE. 309 EVANSTON, IL 60201
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07/05/07-80009-015 55.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Murray L. Box, Manager*
Murray L. Box

7/2/2007

847/864-1313

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

Date

Daytime Phone #