

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076712

FILED
Mar 30, 2006
Secretary of State

Entity Name: SOUTHSIDE CONNECTION, L.L.C.

Current Principal Place of Business:

C/O THOMAS PLENERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443

New Principal Place of Business:

C/O THOMAS PLANERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443

Current Mailing Address:

C/O THOMAS PLENERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443

New Mailing Address:

C/O THOMAS PLANERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443

FEI Number: 20-3305528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, SCOTT M ESQ
SCOTT M. GRANT, P.A.
3337 TAMiami TRAIL N.
NAPLES, FL 34103 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: LIMPARIS, JAMES
Address: 4440 LINCOLN HIGHWAY, SUITE 301
City-St-Zip: MATTESON, IL 60443

Title: MGR () Delete
Name: RIORDAN, JAY
Address: 4440 LINCOLN HIGHWAY, SUITE 301
City-St-Zip: MATTESON, IL 60443

ADDITIONS/CHANGES:

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

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

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 LIMPARIS

MGR

03/30/2006

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