


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000076712</b>	
1. Entity Name <b>SOUTHSIDE CONNECTION, L.L.C.</b>	
	
Principal Place of Business <b>C/O THOMAS PLANERA, ESQ. 4440 LINCOLN HIGHWAY, SUITE 301 MATTESON, IL 60443</b>	Mailing Address <b>C/O THOMAS PLANERA, ESQ. 4440 LINCOLN HIGHWAY, SUITE 301 MATTESON, IL 60443</b>



01302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3305528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GRANT, SCOTT M ESQ SCOTT M. GRANT, P.A. 3337 TAMiami TRAIL N. NAPLES, FL 34103</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 May 1, 2007**

000000678885  
04/03/07-80016-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LIMPARIS, JAMES 4440 LINCOLN HIGHWAY, SUITE 301 MATTESON, IL 60443</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RIORDAN, JAY 4440 LINCOLN HIGHWAY, SUITE 301 MATTESON, IL 60443</b>
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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:**

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

Date

Daytime Phone #

**3/20/07 (630) 850-7101**