

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                             |                                                                       |                                                                                                                                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000108271</b><br>1. Entity Name<br><b>DART INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                             |                                                                       |                                                                                                                                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>1239 NATIONAL AVENUE<br/>ROCKFORD, IL 61103</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                             | Mailing Address<br><b>1239 NATIONAL AVENUE<br/>ROCKFORD, IL 61103</b> |                                                                                                                                                                                                                                       |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                             | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                             | City & State                                                          |                                                                                                                                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Country                                                     |                                                                       | Zip                                                                                                                                                                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | Country                                                     |                                                                       | 4. FEI Number<br><b>20-3890589</b>                                                                                                                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                             |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                             |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                             |                                                                       |                                                                                                                                                                                                                                       |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Make check payable to<br><b>Florida Department of State</b> |                                                                       | DATE _____                                                                                                                                                                                                                            |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                             | <b>10. ADDITIONS/CHANGES</b>                                          |                                                                                                                                                                                                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>BETO, DAVE<br>1239 NATIONAL AVENUE<br>ROCKFORD, IL 61103    | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | U00000526059<br>05/04/06-80058-015 50.00                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>MANAS, ARTURO<br>1239 NATIONAL AVENUE<br>ROCKFORD, IL 61103 | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 605, Florida Statutes. |                                                                    |                                                             |                                                                       |                                                                                                                                                                                                                                       |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                             | <b>4-4-06</b> <b>815-540-5600</b>                                     |                                                                                                                                                                                                                                       |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                             | Date Daytime Phone                                                    |                                                                                                                                                                                                                                       |                                                                   |