

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048275

Entity Name: MOLINE VALUE PARTNERS, LLC

FILED
May 26, 2007
Secretary of State

Current Principal Place of Business:

900 NORTH MICHIGAN AVENUE
SUITE 1400, ATTN: JAMES BLESSING@JMB FIN
CHICAGO, IL 60611

New Principal Place of Business:

281 ELM PARK AVE
ELMHURST, IL 60126

Current Mailing Address:

900 NORTH MICHIGAN AVENUE
SUITE 1400, ATTN: JAMES BLESSING@JMB FIN
CHICAGO, IL 60611

New Mailing Address:

281 ELM PARK AVE
ELMHURST, IL 60126

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRIEDMAN, JEFFREY A CPA
ONE SW 129TH AVENUE
SUITE 408
PEMBROKE PINES, FL 33027 US

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: MGRM () Delete
Name: BLESSING, JAMES W
Address: 281 ELM PARK AVENUE
City-St-Zip: ELMHURST, IL 60126

Title: MGRM () Delete
Name: WATERS, JEFFREY
Address: 11091 BAYBREEZE WAY
City-St-Zip: BOCA RATON, FL 33428

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 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: JEFFREY WATERS

MM

05/26/2007

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