


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L06000059631</b><br>1. Entity Name<br>FLALIC, L.L.C. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>270 N CONVENT STREET<br>BOURBANNAIS, IL 60914 | Mailing Address<br>PO BOX 410<br>BOURBANNAIS, IL 60914 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

MORTELL, EDWIN E III, ESQ  
301 E OCEAN BLVD SUITE 200  
STUART, FL 34994

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000871979  
04/10/08-80020-009 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FITZGERALD, HARRY<br>PO BOX 99<br>BOURBANNAIS, IL 60914                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WEISMAN, DAVID E<br>301 N FAIRFAX STREET SUITE 101<br>ALEXANDRIA, VA 22314 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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:**  **3-8-08** **85-937-1273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #