2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAR 20 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000101565

1. Entity Name
4055 PROPERTY, LLC

Principal Place of Business	Mailing Address
C/O FRED I. FEINSTEIN, P.C. 227 WEST MONROE STREET, SUITE 4400 CHICAGO, IL 60606	C/O FRED I. FEINSTEIN, P.C. 227 WEST MONROE STREET, SUITE 4400 CHICAGO, IL 60606

01162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o J. Nerad, TimeMed Labeling Systems, Inc., 144 Tower Drive	c/o J. Nerad, TimeMed Labeling Systems, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	144 Tower Drive
City & State	City & State
Burr Ridge, Illinois	Burr Ridge, Illinois
Zip / Country	Zip / Country
60527 US	60527 US

4. FEI Number 20-5856791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Jerry Nerad, Trustee of Ann S. Nerad 2002 Trust c/o TimeMed Labeling Systems, Inc. 144 Tower Drive, Burr Ridge, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100095247931 03/29/07--01052--011 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: _____ 3/14 2007 630-986-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Jerry Nerad