2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015380

Entity Name: TRUMETHOD LLC

City-St-Zip:

CHICAGO, IL 60604 US

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13506 SUMMERPORT VILLAGE PARKWAY 2582 S MAGUIRE RD 120 OCOEE, FL 34761 #212 WINDERMERE, FL 34786 **New Mailing Address: Current Mailing Address:** 2582 S MAGUIRE RD 120 13506 SUMMERPORT VILLAGE PARKWAY OCOEE, FL 34761 #212 WINDERMERE, FL 34786 FEI Number: 24-4467437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGANS, CHRIS 13506 SUMMERPORT VILLAGE PARKWAY WINDERMERE, FL 34786 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MORGANS, CHRIS Name: Name: Address: 13506 SUMMERPORT VILLAGE PARKWAY, #212 Address: City-St-Zip: WINDERMERE, FL 34786 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: FRANKEL, HILLEL Name: Address: 208 SOUTH LASALLE, #1400 Address: City-St-Zip: CHICAGO, IL 60604 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition VICKERY, MARK Name: Name: 208 SOUTH LASALLE, #1400 Address: Address:

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.

City-St-Zip:

SIGNATURE: CJM MGR 04/30/2009