FILED → 2005 LIMITED LIABILITY COMPANY Apr 25, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M0000000146 PLATO FOUFAS & CO., L.L.C. Principal Place of Business. Mailing Address 333 N. MICHIGAN AVE., STE. 501 333 N. MICHIGAN AVE., STE. 501 CHICAGO, IL 60601 CHICAGO, IL 60601 02162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 36-4226842 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Eag is \$50 00

Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFCO, INC. 333 N. MICHIGAN AVE., STE. 501 CHICAGO, IL 60601	
NAME STREET ADDRESS CITY-ST-ZIP		\1000000329312 04/25/05-80113-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME O

Daytime Phone #

Applied For