


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90029 041 ****50.00

DOCUMENT # M00000001105					
1. Entity Name A.L. DOUGHERTY REAL ESTATE MANAGEMENT COMPANY, LLC					
Principal Place of Business 2 EAST MAIN STREET, SUITE 200-J DANVILLE, IL 61832			Mailing Address 2 EAST MAIN STREET, SUITE 200-J DANVILLE, IL 61832		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 1385 Warren Ave., Suite B		Suite, Apt. #, etc. 1385 Warren Ave., Suite B			
City & State Downers Grove, IL		City & State Downers Grove, IL		4. FEI Number 37-1410144	
Zip 60515		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
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	MGR DOUGHERTY, PHYLLIS K 2 EAST MAIN STREET, SUITE 200-J DANVILLE, IL 61832		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dougherty, Phyllis K 20 Country Club Drive Danville, IL 61832	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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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 <u>Phyllis K. Dougherty</u> <u>1/7/07</u> <u>(217) 443-3151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					