· 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000002189

Entity Name
 EBY-BROWN COMPANY, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

280 SHUMAN BLVD., STE. 280 NAPERVILLE, IL 60566

Mailing Address

280 SHUMAN BLVD., STE. 280 NAPERVILLE, IL 60566



DO NOT WRITE IN THIS SPACE

03172008 No Chg-LLC

4. FEI Number Applied For 36-4382177 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000907947 05/06/08-80009-020 138.75

9.	MANAGING MEMBERS/MANAGERS	
THTLE	MGRM	
NAME	WAKE, RICHARD W	
STREET ADDRESS	280 SHUMAN BLVD STE 280	
CITY-ST-ZIP	NAPERVILLÉ, IL 60566	
TITLE	MGRM	
NAME	WAKE, THOMAS G	
STREET ADDRESS	280 SHUMAN BLVD STE 280	
GITY-ST-ZIP	NAPERVILLE, IL 60566	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
IIILE		
NAME		
STREET ADDRESS		
CITY-SI-ZIP		
TITLE		

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY: ST- ZIP

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(630)778-2800

Daytime