

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000495

1. Entity Name
COL UTILITY SYSTEMS, L.L.C.



Principal Place of Business

TWO N. RIVERSIDE PLAZA, STE. 800
CHICAGO, IL 60606

Mailing Address

TWO N. RIVERSIDE PLAZA, STE. 800
CHICAGO, IL 60606



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
74-3030750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000093975
03/31/04-80027-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIQUID ASSETS, L.L.C. TWO NORTH RIVERSIDE PLAZA STE. 800 CHICAGO, IL 60606
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: By: David W. Fell

David W. Fell, VP of GP of sole member of sole member

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

Date

Daytime Phone #

03/18/04 312/279-1400