2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M01000002089



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May 29, 2008 8:00 am
Secretary of State
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Making Address 2700 SANDERS CORP. TAX 25 PROSPECT HEGHTS. IL 60070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address CORP. TAX 25 PROSPECT HEGHTS. IL 60070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address
SALINAS, CA 93901 CORP. TAX 2S PROSPECT HEIGHTS, IL 60070 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Sip Country Zip Country Sip Country
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2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired Applied For Methawa, IL 60045 A1-2001344 Not Applicable S. Country S. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antily 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, hored or printed name of registered appel and tale if applicable. Signature, hored or printed name of registered appel and tale if applicable. FILE NOWIII FEE IS \$138.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE NOWIII FEE IS \$138.75 Addition Make Check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE NOWIII FEE IS \$138.75 Change Addition Mile Country Size P SALINAS, CA 93901 ITTLE NOWE SIZE ALINAS, CA 93901 ITTLE NOWE GIT , SHARON L SIREE ADDRESS CITY ST : 2P ITTLE NOWE SIZE ALINAS, CA 93901 ITTLE NOWE GIT SHARON L SIREE ADDRESS CITY ST : 2P SIREE ADDRESS CITY ST : 2P SIREE ADDRESS SALINAS, CA 93901 ITTLE NOWE GIT SHARON L SIREE ADDRESS SALINAS, CA 93901 ITTLE NOWE GIT SHARON L SIREE ADDRESS SALINAS, CA 93901 ITTLE NOWE SIZE ALINAS CA 93901 ITTLE NOWE GIT SHARON L SIREE ADDRESS SALINAS CA 93901 ITTLE NOWE SALINAS CA 93901 ITTLE NOWE
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Mettawa, IL 60045
Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. 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 and site if applicable. 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
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City FL Zip Code 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, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE VCGT FUGITT, SHARON L NAME FUGITT, SHARON L STREET ADDRESS CITY-ST-ZIP TITLE GV Detele TITLE MAME SIRRET ADDRESS SALINAS, CA 93901 TITLE GC HARVEY, JOHN S SIRRET ADDRESS SIRRET ADDRE
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STREET ADDRESS 1441 SCHILLING PLACE STREET ADDRESS CITY-ST-ZIP SALINAS, CA 93901 CITY-ST-ZIP
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 reguired by Chapter 608, Rorida Statutes.

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