

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002140

1. Entity Name
BLACKWELL CONSULTING SERVICES, LLC



Principal Place of Business
100 SOUTH WACKER DRIVE, SUITE 800
CHICAGO, IL 60606

Mailing Address
100 SOUTH WACKER DRIVE, SUITE 800
CHICAGO, IL 60606



02102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4068148

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKWELL, JANE
2945 BRIDGEPORT AVENUE
SUITE H
MIAMI, FL 33133

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
BLACKWELL, ROBERT D
115 S. WELLS
BEVERLY SHORES, IN 46301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/15/05-80013-006 55.00

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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:

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

Robert D. Blackwell Sr. 02/10/2005 312 553-0730

Date

Daytime Phone #