

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000710

FILED
Jan 15, 2009
Secretary of State

Entity Name: FARMTON MANAGEMENT LLC

Current Principal Place of Business:

C/O MIAMI CORP.
410 N. MICHIGAN AVE., ROOM 590
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI CORP.
410 N. MICHIGAN AVE., ROOM 590
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 61-1417381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERHILL, EARL M
1625 OSTEEN-MAYTOWN RD.
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAU, JOHN
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: HOGAN, RICHARD F
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: CARR, WALTER S
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: GOERING, BARBRA
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: LONG, CHRISTINE M
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: GAGLIARDI, PATRICIA A
Address: 410 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBRA GOERING

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date