2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003324

1. Entity Name
DUVALL INDUSTRIAL, LLC

Principal Place of Business	Mailing Address
180 NORTH WACKER DR. 500 CHICAGO, IL 60606	180 NORTH WACKER DR. 500 CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE

04042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1451265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MANOFSKY, CARL
STREET ADDRESS	2500 S HIGHLND AVE
CITY-ST-ZIP	LOMBARD, IL 60148
TITLE	MGR
NAME	PIELET, MELISSA
STREET ADDRESS	180 N WACKER DR #500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	MGR
NAME	SMIETANA, ROBERT E
STREET ADDRESS	180 N WACKER DR #500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	MGR
NAME	LUBY, TIMOTHY
STREET ADDRESS	2500 S HIGHLAND AVE
CITY-ST-ZIP	LOMBARD, IL 60148
TITLE	MGR
NAME	WILHELM, MARK
STREET ADDRESS	331 METCALF RD # 8
CITY-ST-ZIP	AVON, CO 81620
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000329505
04/25/05-80119-016 50.00

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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: _____ Manager Robert E. Smietana 4/7/05 312-332-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #