

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 180 NORTH WACKER DR. 500 CHICAGO, IL 60606	Mailing Address 180 NORTH WACKER DR. 500 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1451265	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

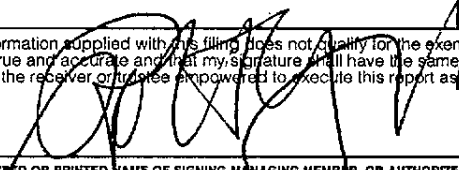
**Filing Fee is \$50.00
Due by May 1, 2005**

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

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U000000329505
04/25/05-80119-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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** 4/7/05 312-232-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #