

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001021

1. Entity Name
CROWE CHIZEK AND COMPANY LLC



Principal Place of Business
320 EAST JEFFERSON BLVD.
SOUTH BEND, IN 46601

Mailing Address
320 EAST JEFFERSON BLVD.
SOUTH BEND, IN 46601



01142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0921680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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	MGR
NAME	HILDEBRAND, MARK L
STREET ADDRESS	3815 RIVER CROSSING PARKWAY, SUITE 300
CITY-ST-ZIP	INDIANAPOLIS, IN 462402171

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02/14/05-80004-009 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)(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:

Mark Hildebrand, Manager

Date

Daytime Phone #

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

Date

Daytime Phone #