

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90062 007 ****50.00

DOCUMENT # M03000001299					
1. Entity Name SEARS PROMOTIONS, LLC					
Principal Place of Business 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179			Mailing Address 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179		
2. Principal Place of Business 3333 Beverly Road Suite, Apt. #, etc. B2-130B		3. Mailing Address 3333 Beverly Road Suite, Apt. #, etc. B2-130B		04162004 Chg-LLC CR2E083 (10/03)	
City & State Hoffman Estates, IL		City & State Hoffman Estates, IL		4. FEI Number 36-1750680	
Zip 60179		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROW, KRIS 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YUNG, JOHN 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTROYA, ALEJANDRO 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pamela Schneider 3333 Beverly Road Hoffman Estates, IL 60179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERAK, JUSTIN A 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Steven Trussell 3333 Beverly Road Hoffman Estates, IL 60179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Steven Trussell</u> 4/19/04 Daytime Phone # _____					