

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001596

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: CENTERPOINT VENTURE, LLC

**Current Principal Place of Business:**

1808 SWIFT DRIVE  
OAK BROOK, IL 60523

**New Principal Place of Business:**

**Current Mailing Address:**

1808 SWIFT DRIVE  
OAK BROOK, IL 60523

**New Mailing Address:**

FEI Number: 52-2209502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: GATES, JOHN S JR  
Address: 1808 SWIFT ROAD  
City-St-Zip: OAK BROOK, IL 60523

Title: MGR ( ) Delete  
Name: MULLEN, MICHAEL M  
Address: 1808 SWIFT ROAD  
City-St-Zip: OAK BROOK, IL 60523

Title: MGR ( ) Delete  
Name: FISHER, PAUL S  
Address: 1808 SWIFT ROAD  
City-St-Zip: OAK BROOK, IL 60523

Title: MGR ( ) Delete  
Name: WITTE, DANIEL C  
Address: 200 EAST RANDOLPH, SUITE 4300  
City-St-Zip: CHICAGO, IL 60601

Title: MGR ( ) Delete  
Name: BLACKWELL, RUSSELL L  
Address: 65 EAST STATE STREET, SUITE 1750  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: THOMASSON, DAN  
Address: 100 EAST PRATT STREET, 20TH FLOOR  
City-St-Zip: BALTIMORE, MD 21202

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CLEWLOW, JAMES N  
Address: 1808 SWIFT ROAD  
City-St-Zip: OAK BROOK, IL 60523

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  
Name:  
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 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: PAUL S. FISHER

MGR

07/11/2006

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