

# 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:**

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

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

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