2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002183

1. Entity Name
OUTLOOK CAPITAL MANAGEMENT, LLC

20052453

Principal Place of Business	Mailing Address
125 S WILKE ROAD STE 200E ARLINGTON HEIGHTS, IL 60005	125 S WILKE ROAD STE 200E ARLINGTON HEIGHTS, IL 60005

07202006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address 20 S. Clark Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2900		
City & State	City & State Chicago, IL	**4.** FEI Number 32-0118764	Applied For / Not Applicable
Zip	Country	Zip 60603	Country USA

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____

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 September 6, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGRM ☐ Delete NAME RAUB, DAVID STREET ADDRESS 125 S WILKE ROAD STE 200E CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60005	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

DAVID A. RAUB

SIGNATURE: _David A. Raub_   MANAGING MEMBER   8/09/06   847-797-0600

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