

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004249

1. Entity Name
LANDWERX PARTNERS, LLC



Principal Place of Business
**14565 S. SOMERSET CIRCLE
GREEN OAKS, IL 60048**

Mailing Address
**14565 S. SOMERSET CIRCLE
GREEN OAKS, IL 60048**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1607652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WOJCIAK, LAWRENCE E
820 DERBYSHIRE LANE
PROSPECT HEIGHTS, IL 60070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ACHATZ, KEVIN J
14565 S. SOMERSET CIRCLE
GREEN OAKS, IL 60048**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MULDOON, TERRENCE
60 E. FOUNTAIN DRIVE
GLENDRIVE, OH 45246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000763536
05/30/07-80012-025 50.00

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IN THIS SPACE**

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.

SIGNATURE: _____

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

Date _____

Daytime Phone # _____