


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90136 050 ****50.00

20001751

DOCUMENT # M04000004257					
1. Entity Name VAN KAMPEN PIERRE ASSET MANAGEMENT COMPANY, LLC					
Principal Place of Business 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187			Mailing Address 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1574683	
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	
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.				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIERRE, SCOTT R 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANKAMPEN-PIERRE, KARLA M 290 SOUTH COUNTY FARM ROAD, THIRD FLOOR WHEATON, IL 60187	<input type="checkbox"/> Delete			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					