2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5633

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005728

1. Entity Name
STRATEGIC BUSINESS PARTNERS, LLC

Principal Place of Business	Mailing Address
3255 N. ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004	3255 N. ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2389651
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000404255
02/06/06-80040-010 50.00

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ORABUTT, CHARLES J JR
STREET ADDRESS	3255 N. ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	MGR
NAME	HOSTETLER, DANIEL L
STREET ADDRESS	3255 N. ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	MGR
NAME	BEN, WILLIAM K
STREET ADDRESS	3255 N. ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charles J. Orabutt Charles J. Orabutt 1/16/06 847-797-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #