2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

	ANNU	AL KEPORI		- Šooro	tamy of State	
1. Entity Nan	MENT #_M050000	000239		Secre	tary of State	
3860 RIVER	ce of Business I ROAD ARK, IL 60176	Mailing Address 3860 RIVER ROAD SCHILLER PARK, IL 6017	76			
		1 122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Out a various ser			
DO NOT WRITE IN THIS SPA			PACE	4. FEI Number	CR2E083 (11/05) Applied For	
			* ************************************	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Agent				
GUTHRIE, JOHN M 11346 53RD STREET NORTH CLEARWATER, FL 33760				DO NOT WRITE IN THIS SPACE		
the obligat	Signature, typed or printed name of registered a		gistered office or register	red agent, or both, in the State of Flo	rida. I am familiar with, and accept	
. 0	iling Fee is \$50.00 ue by May 1, 2006		•			
9. TITLE NAME STHEET ADDRESS CITY-ST-ZIP	MANAGING ME MGRM CF GEAR HOLDINGS, LLC 505 NORTH LAKE SHORE D CHICAGO, IL 60611	MBERS/MANAGERS RIVE, SUITE 401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				400000 05/12/06-1	547056 30008-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE				• •	SE .	

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: Mish Chanda

STREET ADDRESS
CITY-ST-TIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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