

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000959
 1. Entity Name
 PLANET 10 SPIRITS, LLC



Principal Place of Business: 640 N. LASALLE STREET, SUITE 540, CHICAGO, IL 60610
 Mailing Address: 640 N. LASALLE STREET, SUITE 540, CHICAGO, IL 60610



02072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2004476	Applied For Not Applicable
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

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6. 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BERK, ALEXANDER L
STREET ADDRESS	55 EAST MONROE STREET SUITE 2600
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	MGR
NAME	CHRISTENSEN, TROY J
STREET ADDRESS	55 EAST MONROE STREET SUITE 2600
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	MGR
NAME	DEITELBAUM, JON S
STREET ADDRESS	640 N. LASALLE STREET
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	MGR
NAME	BERG, KEVIN
STREET ADDRESS	640 N. LASALLE STREET
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/20/06-80004-016 50.00

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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: Troy Christensen TROY CHRISTENSEN 2/07/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #