

**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 ☐

\$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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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 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

1100000438646
03/02/06-80004-016 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

TROY CHRISTENSEN

2/07/06

Date

Day/Time Phone #