2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000000959

1. Entity Name

PLANET 10 SPIRITS, LLC



Principal Place of Business

640 N. LASALLE STREET

SUITE 540

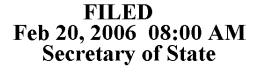
CHICAGO, IL 60610

Mailing Address

640 N. LASALLE STREET

SUITE 540

CHICAGO, IL 60610





02072006 No Chg-LLC

CR2E083 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8	 The above named entity submits this statement for it the obligations of registered agent. 	e purpose of changing its registered office or registered agent, or both, in the State of Florida.	am familiar with, and accept
S	IGNATI IRE		

(NOTE: Rogistered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2008

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	
C177-57-27P	CHICAGO, IL 60603	
TITLE	MGR	
HAME	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	
CHY-ST-ZIP	CHICAGO, IL 60610	
INLE		
NASME		
STREET ADORESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

#00000439646 #67**/0**2/06-80004-016 **5**0.00

DATE

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11. I hereby certify that the information supplied Alth this filling does his quality 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 flus ee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TROY CHRISTENSEN

2/07/06

Daytime Phone #