#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # M05000000968**

1. Entity Name
MARCO-JACKSONVILLE, LLC



Principal Place of Business

2500 SOUTH HIGHLAND, SUITE 105 LOMBARD, IL 60148 Mailing Address

2500 SOUTH HIGHLAND, SUITE 105 LOMBARD, IL 60148

### FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90193 045 \*\*\*\*50.00



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For		
20-2346925	Not Applicable		
5. Certificate of Status Desired	\$5.00 Additional		

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and acco	əpt
SIGNATURE.				i
0.0.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	•		
NAME	LU <b>B</b> Y, TIM			
STREET ADDRESS	2500 SOUTH HIGHLAND, SUITE 105			
CITY-ST-ZIP	LOMBARD, IL 60148	<i>,</i>		
TITLE	MGRM			
NAME	MANOFSKY, CARL			
STREET ADDRESS	2500 SOUTH HIGHLAND, SUITE 105			
CITY-ST-ZIP	LOMBARD, IL 60148			
TITLE				
NAME				
STREET ADDRESS		ו חס אסז	Γ WRITE	
CITY-ST-ZIP		יטא טט	AALCIIE	
TITLE		IN THIS	SPACE	
NAME		I IN THIS	SPACE	
STREET ADDRESS				

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.

SI	GI	NΔ	T	l	R	F

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> JRE: M. Mauel Ska SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBES

R. OR AUTHORIZED REPRESENTATIVE

2-27-07

Daytime Phone #

Marco-Jacksonville, LLC Arrual LLC Projection