

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 17, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # M05000001107**

**1. Entity Name  
IBFA ACQUISITION COMPANY, LLC**



**Principal Place of Business  
1850 HOWARD ST, UNIT C  
ELK GROVE VILLAGE, IL 60007**

**Mailing Address  
135 N CHURCH ST  
SUITE 4  
KALAMAZOO, MI 49007**



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
14-1921050**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BLANTON, EDWIN F  
810 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
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 registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME WOJCIECHOWSKI, CASIMIR  
STREET ADDRESS 1850 HOWARD ST, UNIT C  
CITY - ST - ZIP ELK GROVE VILLAGE, IL 60007**

**TITLE MGR  
NAME GRABOWSKI, JAMES  
STREET ADDRESS 1850 HOWARD ST, UNIT C  
CITY - ST - ZIP ELK GROVE VILLAGE, IL 60007**

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000000589788  
01/18/07-80030-012 50.00

**DO NOT WRITE  
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

Date

Daytime Phone #

1-8-07 847-685-8800