

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90228 006 ****50.00

DOCUMENT # M05000001625

1. Entity Name

LIVE RETAIL MARKETING, LLC



Principal Place of Business

640 N. LASALLE ST. STE 295
CHICAGO IL 60610

Mailing Address

640 N. LASALLE ST. STE 295
CHICAGO IL 60610

2. Principal Place of Business

3. Mailing Address

1155 S. Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 204

City & State

City & State
Naperville, Illinois

Zip

Country

Zip

Country

60540

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number 20-2533682
APPLIED FOR

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BERG, KEVIN
STREET ADDRESS 640 N. LASALLE ST. STE 295
CITY-ST-ZIP CHICAGO IL 60610

TITLE MGR ☐ Delete
NAME PARRINELLO, VINCENT
STREET ADDRESS 640 N. LASALLE ST. STE 295
CITY-ST-ZIP CHICAGO IL 60610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Vincent Parrinello, Mgr.

Date

312-799-5401

Daytime Phone #