2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

12 W

ANNUAL REPORT							F/1 ~-		
DOCUMENT # M05000006861						200e .	FILED R-3 PM 3:36		
RESTAURANT CASH LLC									
			6.65	A LEE		TALECRET	R -3 PM 3: 36 ARY OF STATE SSEE, FLORIDA	D	
Principal Place	e of Business	Mailing Address			hu	-LAHA	SSEE STATE	,	
		TWO NORTH RIVERSIDE P SUITE 950	PLAZA		17/		L. FLORIDA		
CHICAGO, IL 60606 CHICAGO, IL 60606						TOLOL GILIS OSSIN GOLLL CO	- 74 Isi barka bashe aniga igala bila bila ik		
			rside f	429					
371110			5 0		02172006	Chg-LLC	CR2E083 (11/05)		
City & State	20, LL	City & State NICAGO, 1L			4. FEI Numbe	57627	 	plied For t Applicable	
210606 Country SA 60606		100606	Country		5. Certificate	of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Current Registered Agent			Name		7. Name and	Address of New I	Registered Agent		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (F.O. Box Number is Not Acceptable)						
			City				FL Zip Cod	9	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006							ke check payable to la Department of Stat	9	
9.	MANAGING MEMBER	S/MANAGERS	10.	100-	C. 5 17	ADDITIONS	/CHANGES		
TITLE NAME	MGRM REWARDS NETWORK ESTAVLIS	TITLE NAME	RUN	ALD L.	Blake	☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	•	STREET ADDRESS CITY-ST-ZIP		Riversia	16 P1929	1-Ste 950	İ	
TITLE		☐ Delete	TITLE	Tre	asurer	,	Change	(X) Addition	
NAME STREET ADDRESS			NAME STREET ADORESS		stopher RIVE	J. Lock Side Pl	aza, Ste950		
CITY+ST-ZIP			CITY-ST-ZIP	Chic		60000	2	55	
TITLE NAME		☐ Detete	TITLE NAME	Bry	retary an R.7	delma	4, Sk9 BO	X Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2 2	RIVERS	de Place			
TITLE		☐ Delete	TITLE	1		<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS		,	NAME STREET ADDRESS			20006:	0105000	•	
CITY-ST-ZIP		□ Notes	CITY-ST-ZIP TITLE	 		20/06 - 010	920 023 **5		
NAME		☐ Delete	NAME				C) CHARGE	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	1			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	:					
CITY-ST-ZIP	and it, that the information	thin filling data — t — it t - it	CITY-ST-ZIP	l .	in Charter 140	Clorido Ptoto 1	further neath the sheet of	- Innetice	
indicated	certify that the information supplied with a on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have the	same legal ef port as require	fect as if n	nade under oath ter 608, Florida S	; that I am a mana Statutes.	aging member or manage	er of the	