


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000006926 1. Entity Name SEEDWAY, LLC	
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Principal Place of Business 1734 RAILROAD PLACE HALL, NY 14463	Mailing Address P.O. BOX 250 HALL, NY 14463-0250
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01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1448323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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

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

U00000578603
01/09/07-80035-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COBP DAVISSON, WILLIAM 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD SOLBERG, JEFF 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FARMER, DENNIS 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BARWICK, STEVE 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MCGINNIS, VEM J 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ANDERSON, DAVIS 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702

**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:  **CFU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/07 585-526-6391
Date Daytime Phone #