

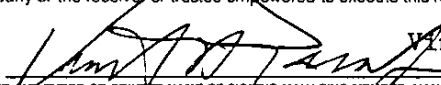


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90144 033 ****50.00

DOCUMENT # M06000000194 1. Entity Name KAART MARKETING, LLC																																																																																																																													
Principal Place of Business 640 N. LASALLE, SUITE 295 CHICAGO, IL 60610			Mailing Address 640 N. LASALLE, SUITE 295 CHICAGO, IL 60610																																																																																																																										
2. Principal Place of Business - No P.O. Box # 640 N. LaSalle Suite, Apt. #, etc. Ste. 650		3. Mailing Address 1155 S. Washington St. Suite, Apt. #, etc. Ste. 204																																																																																																																											
City & State Chicago, IL		City & State Naperville, IL		4. FEI Number 20-3679034																																																																																																																									
Zip 60610		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____																																																																																																																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARRINELLO, VINCENT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>640 N. LASALLE, SUITE 295</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHICAGO, IL 60610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERG, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>640 N. LASALLE, SUITE 295</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHICAGO, IL 60610</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Parrinello, Vincent</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>640 N. LaSalle, Ste. 650</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Chicago, IL 60610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Berg, Kevin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>640 N. LaSalle, Ste. 650</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Chicago, IL 60610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Weinstock, Marc</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>640 N. LaSalle, Ste. 650</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Chicago, IL 60610</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	PARRINELLO, VINCENT		STREET ADDRESS	640 N. LASALLE, SUITE 295		CITY-ST-ZIP	CHICAGO, IL 60610		TITLE	MGR	<input type="checkbox"/> Delete	NAME	BERG, KEVIN		STREET ADDRESS	640 N. LASALLE, SUITE 295		CITY-ST-ZIP	CHICAGO, IL 60610		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Parrinello, Vincent		STREET ADDRESS	640 N. LaSalle, Ste. 650		CITY-ST-ZIP	Chicago, IL 60610		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Berg, Kevin		STREET ADDRESS	640 N. LaSalle, Ste. 650		CITY-ST-ZIP	Chicago, IL 60610		TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Weinstock, Marc		STREET ADDRESS	640 N. LaSalle, Ste. 650		CITY-ST-ZIP	Chicago, IL 60610		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  Vincent Parrinello 3-15-07 312-799-5401 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																													