


**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**

3. Mailing Address  
**1155 S. Washington St.**

Suite, Apt. #, etc.  
**Ste. 650**

Suite, Apt. #, etc.  
**Ste. 204**

City & State  
**Chicago, IL**

City & State  
**Naperville, IL**

Zip  
**60610**

Country  
**USA**

Zip  
**60540**

Country  
**USA**



03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3679034**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                      1200 SOUTH PINE ISLAND ROAD                      PLANTATION, FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

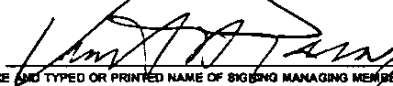
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARRINELLO, VINCENT 640 N. LASALLE, SUITE 295 CHICAGO, IL 60610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Parrinello, Vincent 640 N. LaSalle, Ste. 650 Chicago, IL 60610</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERG, KEVIN 640 N. LASALLE, SUITE 295 CHICAGO, IL 60610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Berg, Kevin 640 N. LaSalle, Ste. 650 Chicago, IL 60610</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Weinstock, Marc 640 N. LaSalle, Ste. 650 Chicago, IL 60610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #