2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# M06000003911

Entity Name: TYLK GUSTAFSON RECKERS WILSON ANDREWS, LLC

Current Principal Place of Business:

407 SOUTH DEARBORN
SUITE 900
CHICAGO, IL 60605

New Principal Place of Business:

Current Mailing Address:

407 SOUTH DEARBORN
SUITE 900
CHICAGO, IL 60605

New Mailing Address:

FEI Number: 36-4370172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDREWS, JON
Address: 407 SOUTH DEARBORN
City-St-Zip: CHICAGO, IL 60605

Title: MGRM ( ) Delete
Name: RECKERS, ROGER
Address: 407 SOUTH DEARBORN
City-St-Zip: CHICAGO, IL 60605

Title: MGRM ( ) Delete
Name: WILSON, KEVIN
Address: 407 SOUTH DEARBORN
City-St-Zip: CHICAGO, IL 60605

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON D. ANDREWS MGRM 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date