## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 25, 2007 8:00 am Secretary of State

DOCUMENT # M0600003955  1. Entity Name OAKBROOK TOBACCO LLC			6	07-	25-2007 9	0013 019	) ****55.	.00
Principal Place 1406 N. 19T TAMPA, FL. 3	H ST.	Mailing Address 1 <del>406 N. 19TH S</del> T. T <del>AMPA, FL 3360</del> 5						
2. Principal P	lace of Business - No PO Box #	3. Mailing Address	7/7					£81        1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ıg-LLC	CR2E08	3 (12/06)	
City & State	9	Chetek	4.3.7	4. FEI Number	,	<del></del>	<u> </u>	plied For
Zıp	Country	Zip	Sountry Barron	72-1574008 5. Certificate of Sta		<b>F</b>	5.00 Add	t Applicable itional
	6. Name and Address of Curren	S4728	Barron	7. Name and Addr		™ F	ee Required	
<del></del>	6. Name and Address of Curren	Registered Agent	Name	7. Name and Addit	ess of New Re	gistered A	gent	
ELLIOTT, THEODORE 1406 N. 19TH ST.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33605								
ļ			City				Zip Code	
8. The above named entity submits this statement for the parpose of Changing its register				[ata-ad a-a-t b-ath is at	Ct-t( Fl-	FL		
	ions of registered agent	the purpose of chariging its f	egistered office or reg	istered agent, or both, in the	ne State of Flor		amiliar with, i	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	WW 3	Registered Agent signature re-	The state of the s		1,4)		
	Signature, typed or priviled name or registered again	and the mappingable (1401)	nagistered Agent signature rei	(dired when reinstating)		DAIG		
Filing Fee is \$50.00 Due by September 14, 2007								
Fil Due k	ing Fee is \$50.00 by September 14, 2007					check pa Departme		)
Due k	oy September 14, 2007  MANAGING MEMB		10.			<b>Departme</b> CHANGES	nt of State	
Due k	by September 14, 2007	ERS/MANAGERS	10. TITLE NAME		Florida	<b>Departme</b> CHANGES		Adaition
9. HITLE NAME STREET ADDRESS	MANAGING MEMB MGRM ELLIOTT, THEODORE 1406 N. 19TH ST.		TITLE NAME STREET ADDRESS		Florida	<b>Departme</b> CHANGES	nt of State	
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM ELLIOTT, THEODORE 1406 N. 19TH ST. TAMPA, FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		Florida	<b>Departme</b> CHANGES	nt of State	Addition
9. HITLE NAME STREET ADDRESS	MANAGING MEMB MGRM ELLIOTT, THEODORE 1406 N. 19TH ST.		TITLE NAME STREET ADDRESS		Florida	<b>Departme</b> CHANGES	nt of State	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/16/07 715-925-526