


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-25-2007 90013 019 ****55.00

DOCUMENT # M06000003955 1. Entity Name OAKBROOK TOBACCO LLC					
Principal Place of Business 1406 N. 19TH ST. TAMPA, FL 33605			Mailing Address 1406 N. 19TH ST. TAMPA, FL 33605		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 917			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Chetek WI		4. FEI Number 72-1574008	
Zip		Country 54728 Barron		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, THEODORE 1406 N. 19TH ST. TAMPA, FL 33605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Tw Whit</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7-23-7</u>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIOTT, THEODORE 1406 N. 19TH ST. TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANNING, ROBERT C 1425 HOCHMAYR DR. CHETEK, WI 54728	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANNING, ROBERT C 1425 HOCHMAYR DR. CHETEK, WI 54728	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANNING, ROBERT C 1425 HOCHMAYR DR. CHETEK, WI 54728	<input type="checkbox"/> Delete			
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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 <u>Robert C Fanning</u> DATE <u>7/16/07</u> 715-925-5261					