## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 22, 2007 8:00 am Secretary of State

1. Entity Nam	10	# M0600005 DMES, L.L.C.	5156				03-22-2007	90177 004 ***	*50.00
Principal Plac 300 E. ROOS ATTN: HENR' WHEATON, IL	SEVELT ROA Y S. STILLWE	D, SUITE 300	Mailing Address 300 E. ROOSEVELT ROAD, SUITE 300 ATTN: HENRY S. STILLWELL III WHEATON, IL 60187				1 OTUL BISU OBUU BOU BOU	H BENN FENFN ANDS NEDN BY	IA 811888 III ITSI
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.			01172007	Chg-LLC	CR2E083 (12/0	
City & Stat	e 		City & State		·	4. FEI Numb	5399071		Applied For Not Applicable
Zip	Country		Zip	Country			of Status Desired	Fee Req	Additional uired
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
SAVAGE, PETER _ 6530 BOTTLEBRUSH LANE					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, I									
			City		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  Signature, typicar or printed name of registered agent and title if applicable. (NOTE: Registered gent signature registered when reinstating)									
Filing Fee is \$50.00 Due by May 1, 2007								e check payable a Department of S	
9.		MANAGING MEMBE	RS/MANAGERS	·		ADDITIONS/	CHANGES		
THLE NAME STREET ADDRESS CITY-ST-ZIP	1387 WIN	L, DAVID J ID ENERGY PASS , IL 60510	☐ Delete					☐ Char	ge [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 W. 22	'ER, R. GLEN JR 2ND STREET, #251 D, IL 60148	☐ Delete					☐ Char	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	· · · · · · · · · · · · · · · · · · ·							☐ Char	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Char	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defeie		i			☐ Char	ge 🗍 Addilion
TITLE NAME STREET ADDRESS			☐ Defete		AE EET ADDRESS			☐ Char	ige Addition
CITY-ST-ZIP -	Cortify that th	a information supplied with	this filipe does not available to		r-ST-ZIP	d in Chapter 110	Florida Statutos 16	irther certify that the	information
11. I hereby certify that the information supplied with this liking 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 employeed to execute this report as required by Chapter 608, Florida Statutes.									