

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006374

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** ATHENS ADMINISTRATIVE, LLC

**Current Principal Place of Business:**

1716 CORPORATE CROSSING, STE 2  
O'FALLON, IL 62269

**New Principal Place of Business:**

1710 CORPORATE CROSSING, STE 1  
O'FALLON, IL 62269

**Current Mailing Address:**

1716 CORPORATE CROSSING, STE 2  
O'FALLON, IL 62269

**New Mailing Address:**

1710 CORPORATE CROSSING, STE 1  
PO BOX 961  
O'FALLON, IL 62269

**FEI Number:** 26-1219586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD. INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 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: PD  
Name: BRYAN, JOHN B  
Address: 1331 LAMAR, STE 1451  
City-St-Zip: HOUSTON, TX 77010

Title: VPD  
Name: KREKE, ALLEN D  
Address: 1710 CORPORATE CROSSING, STE 1  
City-St-Zip: O'FALLON, IL 62269

Title: VP  
Name: KREKE, TIFFANY  
Address: 1710 CORPORATE CROSSING, STE 1  
City-St-Zip: O'FALLON, IL

Title: S  
Name: BRYAN, JAMES P  
Address: 1331 LARMAR, STE 1450  
City-St-Zip: HOUSTON, TX 77010

Title: T  
Name: BRYAN, JOHN S  
Address: 101 E. 52ND ST. 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

I hereby 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: ALLEN KREKE

VPD

01/05/2011

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