

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006422

FILED
Feb 17, 2011
Secretary of State

Entity Name: AMERICAN DREAM RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

2121 WAUKEGAN RD., STE 300
BAMMOCKBURN, IL 60015

New Principal Place of Business:

2121 WAUKEGAN RD., STE 300
BANNOCKBURN, IL 60015

Current Mailing Address:

2121 WAUKEGAN RD., STE 300
BAMMOCKBURN, IL 60015

New Mailing Address:

2121 WAUKEGAN RD., STE 300
BANNOCKBURN, IL 60015

FEI Number: 26-1216312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: SCHWARTZ, KIRK
Address: 5450 NW CENTRAL DR. STE 307
City-St-Zip: HOUSTON, TX 77092

Title: MGR
Name: ALT, GERALD
Address: 2121 WAUKEGAN RD. SUITE 300
City-St-Zip: BANNOCKBURN, IL 60015 US

Title: MGR
Name: KREISMAN, DAVID
Address: 2121 WAUKEGAN RD. SUITE 300
City-St-Zip: BANNOCKBURN, IL 60015 US

Title: MGR
Name: SHAPIRO, GERALD
Address: 2121 WAUKEGAN RD. SUITE 300
City-St-Zip: BANNOCKBURN, IL 60015 US

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: GERALD ALT

MGR

02/17/2011

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