


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M07000006898</b> 1. Entity Name BLOOMFIELD AIR II, LLC	
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Principal Place of Business 800 S. MILWAUKEE AVENUE, STE 1700 LIBERTYVILLE, IL 60048	Mailing Address 800 S. MILWAUKEE AVENUE, STE 1700 LIBERTYVILLE, IL 60048
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**DO NOT WRITE IN THIS SPACE**

02212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-1435547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLDI, DENNIS 800 S. MILWAUKEE AVENUE, STE 1700 LIBERTYVILLE, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAXTER, CYNTHIA 800 S. MILWAUKEE AVENUE, STE 1700 LIBERTYVILLE, IL 60048
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04/08/08-80055-008 138.75

**DO NOT WRITE  
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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:** Dennis R Egdi 3-17-08 847-816-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #