

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90237 006 ***138.75

DOCUMENT # M07000007156

1. Entity Name
VOTRE VU, LLC



Principal Place of Business
**730 W RANDOLPH STREET 6TH FIR
 CHICAGO, IL 60661**

Mailing Address
**730 W RANDOLPH STREET 6TH FIR
 CHICAGO, IL 60661**

2. Principal Place of Business - No P.O. Box #
730 W. Randolph St

3. Mailing Address
730 W. Randolph St

Suite, Apt. #, etc.
6th FLR

City & State
Chicago, IL

Zip
60661

Country
USA



03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0176947

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
 2731 EXECUTIVE PARK DRIVE STE 4
 WESTIN, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

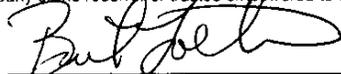
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOETHEN, BARTLY 730 W RANDOLPH STREET 6TH FIR CHICAGO, IL 60661 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3-17-08** **312-454-0015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #