

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90286 024 ****50.00

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03222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M98000000929 1. Entity Name O-Z GEDNEY COMPANY LLC					
Principal Place of Business 9377 W. HIGGINS RD. DES PLAINES, IL 60018			Mailing Address 9377 W. HIGGINS RD. DES PLAINES, IL 60018		
2. Principal Place of Business 9377 W. Higgins Road		3. Mailing Address 9377 W. Higgins Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Rosemont, Illinois		City & State Rosemont, Illinois		4. FEI Number 36-4180667	
Zip 60018		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required!	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> MGRM GSEG LLC 9377 W. HIGGINS RD. DES PLAINES, IL 60018 </div> <div style="width: 48%;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> GSEG LLC 9377 W. Higgins Rd. Rosemont, Illinois 60018 </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Delete </div> <div style="width: 48%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Delete </div> <div style="width: 48%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: Michael L. Bryant <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%;"> 3/24/05 <small>Date</small> </div> <div style="width: 20%;"> 847-268-6000 <small>Daytime Phone #</small> </div> </div>					