2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001055

Entity Name
COCHRAN FAMILY INVESTMENT PARTNERSHIP, L.L.C.

Principal Place of Business
320 RALEIGH ROAD
KENILWORTH, IL 60043

Mailing Address
320 RALEIGH ROAD
KENILWORTH, IL 60043

01192006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
36-4234954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AXIS DOCUMENT SERVICES INC.
201 HAYS STREET
TALLAHASSEE, FL 32301

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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

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

	MGR
	COCHRAN, GEORGE
ADDRESS	320 RALEIGH ROAD
ST-ZIP	KENILWORTH, IL 60043
	MGR
	COCHRAN, BARBARA
ADDRESS	320 RALEIGH ROAD
ST-ZIP	KENILWORTH, IL 60043
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	

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01/30/06-80088-014 50.00

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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: _____ 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #