

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M99000000753

1. Entity Name  
NONE BETTER DEVELOPMENT LLC



Principal Place of Business  
200 EAST RANDOLPH STREET STE 2100  
CHICAGO, IL 60601-6432

Mailing Address  
200 EAST RANDOLPH STREET STE 2100  
CHICAGO, IL 60601-6432



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4295140	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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**

U00000838889  
03/05/08-80047-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HYATT, HENRY 200 EAST RANDOLPH ST STE 2100 CHICAGO, IL 606016432
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IN THIS SPACE**

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:** \_\_\_\_\_

Henry Hyatt, Mbr

2/15/08

(540) 456-6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #