Filli c a	ing Deadline is Prior to :  This report must be RECEIVED in the office of the Secret of State prior to the anniversary date to avoid late filing penalisand eventual administrative dissolution of its organization.  orm LLC-50.1(D)  December 2  Limited Liability Company name: Registered A	\$250 Filing Fee  Must be typewritten	OFFICE USE ONLY
2.	Address of the office at which the records re	equired by Section 1-40 are to be kept is	:
	(Number)	(Street)	(Suite)
	(City, State)	(ZIP Code)	(County)
3.	Names and addresses of the managers or,	if none, the members:	
Nam	ne Number & St	reet City, State	ZIP Code Select one: MGR/MBR
4.	The mgrs/mbrs, which are entities, affirm th	ne evidence of existence on file with the I	Ilinois Secretary of State is still intact.
	I affirm, under penalties of perjury, having authority to sign thereto, that this annual report is to the best of my knowledge and belief, true, correct and complete.		
		Dated	,
	Payment may be made by business f check payable to Secretary of State. check is returned for any reason this fil will be nullified.)	irm . (If	ate & Month) (Year) (Signature)
	Return to:  JESSE WHITE	(Туре ог р	orint Name and Title of Mgr. or Mbr.)
	SECRETARY OF STATE Department of Business Services Limited Liability Company Divisior	and indicate wheth	pany or other entity, state name of company er it is a member or manager of the LLC.)

Room 351, Howlett Building Springfield, IL 62756

LLC-22.3