

L.L.C. File #: _____

Filing Deadline is Prior to: _____

This report must be RECEIVED by the Office of the Secretary of State prior to the anniversary date to avoid late filing penalties and eventual administrative dissolution or revocation.

Form **LLC-50.1** May 2007

**Illinois Secretary of State
Limited Liability Company
Annual Report**

Filing Fee: **\$250**
Penalty:
Total:

OFFICE USE ONLY

**FILE THIS REPORT ONLINE:
www.cyberdriveillinois.com**

1. Limited Liability Company Name: Registered Agent, Registered Office, City, IL, ZIP Code

2. State or Country of Organization: _____ Date Organized in or Admitted to Illinois: _____

3. Address of Principal Place of Business: (A P.O. Box alone is unacceptable.)

Number	Street	Suite
City, State	ZIP Code	County

4. Names and Addresses of Managers or, if none, the Members:

Name	Number & Street	City, State	ZIP Code	Select One: MGR/MBR

5. The managers/members who are entities affirm the evidence of existence on file with the Illinois Secretary of State is still intact.

6. Changes to the registered agent or address in Item 1 above require the filing of Form LLC-1.36/1.37.

7. 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.

A late filing penalty of **\$300** will apply if this report is not filed within 60 days after the due date. **Make check payable to Secretary of State.**

SECRETARY OF STATE JESSE WHITE
Department of Business Services
Limited Liability Company Division
501 S. Second St., Rm. 351
217-524-8008
Springfield, IL 62756

Dated: _____, _____
Month/Day Year

Signature

Name and Title of Manager or Member (type or print)

If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.