

L.L.C. File #: \_\_\_\_\_

Illinois Limited Liability Company Act

Annual Report

Type or print clearly.

Filing Deadline is Prior to: \_\_\_\_\_

Filing Fee: \$250

Penalty:

Total:

This report must be submitted to the Office of the Secretary of State prior to the anniversary date to avoid late filing, penalty or eventual administrative dissolution or revocation.

Form **LLC-50.1**

April 2010

OFFICE USE ONLY

FILE THIS REPORT ONLINE:  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

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

[Empty box for company name and address]

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

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

_____	_____	_____
Number	Street	Suite
_____		_____
City, State		ZIP Code

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 that existence 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.

Dated: \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year

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.** If check is returned for any reason this filing will be void.

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

\_\_\_\_\_  
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.