



LIMITED LIABILITY COMPANY (LLC) ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: _____

STATE OF ORGANIZATION: _____

SECRETARY OF STATE L.L.C. ID NUMBER: _____

FISCAL YEAR ENDING: _____
MONTH/DAY/YEAR

FEDERAL EMPLOYER ID NUMBER: _____ - _____

IF THIS IS THE INITIAL ANNUAL REPORT FILING, YOU MUST COMPLETE THE ENTIRE FORM. IF YOUR LLC'S INFORMATION HAS NOT CHANGED SINCE THE PREVIOUS REPORT, PLEASE CHECK THE BOX AND COMPLETE LINE 8 ONLY.

1. REGISTERED AGENT & REGISTERED OFFICE MAILING ADDRESS:

2. STREET ADDRESS AND COUNTY OF REGISTERED OFFICE:

3. IF THE REGISTERED AGENT CHANGED, SIGNATURE OF THE NEW AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

4. ENTER PRINCIPAL OFFICE ADDRESS HERE: ADDRESS-
CITY- ST- ZIP-

5. ENTER PRINCIPAL OFFICE TELEPHONE NUMBER HERE: _____
PLEASE INCLUDE AREA CODE

6. ENTER NAME, TITLE, AND BUSINESS ADDRESS OF MANAGER(S) HERE:

NAME- ADDRESS-
TITLE- CITY- ST- ZIP-

NAME- ADDRESS-
TITLE- CITY- ST- ZIP-

NAME- ADDRESS-
TITLE- CITY- ST- ZIP-

7. BRIEFLY DESCRIBE THE NATURE OF BUSINESS:

8. CERTIFICATION OF ANNUAL REPORT MUST BE COMPLETED BY ALL LIMITED LIABILITY COMPANIES

FORM MUST BE SIGNED BY A MANAGER OF THE L.L.C.

DATE