2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 27, 2007 8:00 am Secretary of State **DOCUMENT # L06000114885** 02-27-2007 90079 044 ****55 00 ROYALTY PROPERTIES, LLC Principal Place of Business Mailing Address AUDITABLE 311 ALGONOUIN ROAD 311 ALGONQUIN ROAD BERRINGTON HILLS, IL 60010 BERRINGTON HILLS, IL 60010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 311 Algonquin Road 311 Algonquin Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Barrington Hills, IL 20-8116256 Barrington Hills, IL Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired XП 60010 60010 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Meryl Squires-Cannon CANNON, MERYL S Street Address (P.Q. Box Number is Not Acceptable) 2552 Appaloosa Trail 2552 APPALOOSA TRAIL WELLINTON, FL 33414 Wellington 3349°4 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 agen 2-12-2007 SIGNATURE ed Agent signature required when reinstating) Filing Fee is \$50.00/ Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM MGRM ☐ Delete TIFLE The Change ☐ Addition CANNON, MERYL S NAME NAME Squires-Cannon Meryl STREET ADDRESS 311 ALGONQUIN ROAD STREET ADDRESS 311 Algonquin Road CITY-ST-ZIP BERRINGTON HILLS, IL 60010 CITY-ST-ZIP Barrington Hills, IL. TITLE MGRM Delete Change TITLE ☐ Addition NAME CANNON, RICHARD K NAME Cannon, Richard K. 311 Algonquin Road Barrington Hills, IL STREET ADDRESS 311 ALGONQUIN ROAD STREET ADDRESS CITY-ST-ZIP BERRINGTON HILLS, IL 60010 CITY-ST. 7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

anns,

HULLE

SIGNATURE:

SIGNATURE AND TYPE

2-12-2007

277-1111

FILED