2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010204

City-St-Zip: WADSWORTH, IL 60083

Entity Name: WAUKEGAN LANDMASTERS L.L.C.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
945 HARB TAMPA, F	SOUR BAY DR L 33602	IVE		
Current Mailing Address:			New Mailing Address:	
945 HARB TAMPA, F	SOUR BAY DR L 33602	IVE		
FEI Number	: 33-1110701	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
		R KING JR BLVD		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
Electronic Signature of Registered Age			ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR (GESKE, TIMO 945 HARBOUF TAMPA, FL 33	R BAY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (GESKE, THON 2145 CHESTN WAUKEGAN, F	UT STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DOYLE, GEOF 9501 CYPRES) Delete RGE IS HAMMOCK CIR #101 NGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM (SCHUENEMAN 14644 W CRA		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: TIMOTHY GESKE MGR 04/23/2009