
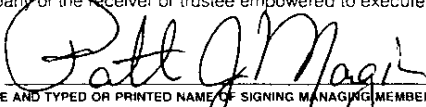


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90121 015 ****50.00

| | | | |
|--|---|---|---|
| DOCUMENT # L05000057232 | |  | |
| 1. Entity Name M & T, LLC | | | |
| Principal Place of Business 111 WEST JACKSON 742 CHICAGO IL 60604 US | | Mailing Address 606 PRESTWICK DRIVE FRANKFORT IL 60423 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 606 Prestwick Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Frankfort, Illinois | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 60423 | Will |
| 6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE 300 NAPLES FL 34109 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 | | | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MANGIN, PATRICK 606 PRESTWICK DRIVE FRANKFORT IL 60423 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE:  | | Date: August 20, 2007 (312) 479-2760 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # | |