

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2007 90031 019 ****50.00

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04182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000077583 1. Entity Name MYRTLE PRESERVE, LLC					
Principal Place of Business 2758 CATON FARM ROAD JOLIET, IL 60435 US			Mailing Address 2758 CATON FARM ROAD JOLIET, IL 60435 US		
2. Principal Place of Business - No P.O. Box # 2718 Caton Farm Rd Suite, Apt. #, etc.		3. Mailing Address 2718 Caton Farm Rd Suite, Apt. #, etc.			
City & State Joliet IL		City & State Joliet IL		4. FEI Number 20-3265293	
Zip 60435		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLONOWSKI, MARK A 537 11TH AVENUE S. NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 4-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANEMARK INVESTMENTS INC 2758 CATON FARM RD JOLIET, IL 60435			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lanemark Investments Inc 2718 Caton Farm Rd Joliet IL 60435
<input type="checkbox"/> Delete			<input checked="" 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:

4-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #