2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

04-11-2007 90161 013 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000115848

1. Entity Name

B & M INVESTMENTS, LLC

Principal Place of Business
444 N. NORTHWEST HIGHWAY, SUITE 195
PARK RIDGE IL 60068

Mailing Address
444 N. NORTHWEST HIGHWAY, SUITE 195
PARK RIDGE IL 60068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 20-8721610 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL BELL
200 N.E. 2ND ST. STE 409
DELRAY BEACH, FL, 33444

7. Name and Address of New Registered Agent

Name FRANK MALARTSIK & MICHAEL BELL

Street Address (P.O. Box Number is Not Acceptable)
200 N.E. 2ND ST. STE 409
DELRAY BEACH, FL 33444

City,

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 FRANK MALARTSIK Frank Malartsik 3/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ☐ Delete MALARTSIK, FRANK 444 N. NORTHWEST HIGHWAY, SUITE 195 PARK RIDGE IL 60068
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ☐ Delete BELL, MICHAEL 200 N.E. 2ND AVENUE DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: FRANK MALARTSIK Frank Malartsik 3/31/07 (847) 696-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #