

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019339

FILED
Jul 07, 2008
Secretary of State

Entity Name: RELATIVE PROPERTIES, LLC

Current Principal Place of Business:

14820 LANDINGS LANE
OAK FOREST, IL 60452

New Principal Place of Business:

Current Mailing Address:

14820 LANDINGS LANE
OAK FOREST, IL 60452

New Mailing Address:

FEI Number: 20-8480577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HUFFMAN, MARGARET
Address: 14820 LANDINGS LANE
City-St-Zip: OAK FOREST, IL 60452 US

Title: VP () Delete
Name: HILGER, JACQUELYN
Address: 14820 LANDINGS LANE
City-St-Zip: OAK FOREST, IL 60452 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HUFFMAN, MARGARET
Address: 585 TWIN FAWNS DR.
City-St-Zip: FRONTENAC, MO 63131 US

Title: VP (X) Change () Addition
Name: HILGER, DAVID
Address: 14820 LANDINGS LANE
City-St-Zip: OAK FOREST, IL 60452 US

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.

SIGNATURE: DAVID S. HILGER

VP

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date