2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: UNIT 2, QUAIL RIDGE, LLC

Current Principal Place of Business:

2045 SOUTH ARLINGTON HEIGHTS ROAD
SUITE 100
ARLINGTON HEIGHTS, IL 60005 US

New Principal Place of Business:

Current Mailing Address:

2045 SOUTH ARLINGTON HEIGHTS ROAD
SUITE 100
ARLINGTON HEIGHTS, IL 60005 US

New Mailing Address:

FEI Number: 26-2053065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHEWS & PIAZZA, P.A.
1325 SOUTH CONGRESS AVENUE
SUITE 104
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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: MGRM
Name: WHISLER, ROBERT L
Address: 2045 SOUTH ARLINGTON HEIGHTS ROAD, #100
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 US

Title: MGRM
Name: WHISLER, MICHAEL R
Address: 2045 SOUTH ARLINGTON HEIGHTS ROAD, #100
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 US

Title: MGRM
Name: WHISLER, SCOTT A
Address: 2045 SOUTH ARLINGTON HEIGHTS ROAD, #100
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 IL

I hereby 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 Statues.

SIGNATURE: SCOTT A. WHISLER MGRM 01/04/2011

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