

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001086

1. Entity Name
BARON INVESTMENTS, LLC



Principal Place of Business

**THREE HAWTHORN PARKWAY, SUITE 150
VERNON HILLS, IL 60061**

Mailing Address

**THREE HAWTHORN PARKWAY, SUITE 150
VERNON HILLS, IL 60061**



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4310117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

U000000158266
05/07/04-80015-001 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BARON, PETER L
THREE HAWTHORN PARKWAY, SUITE 150
VERNON HILLS, IL 60061**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BARON, PETER C
THREE HAWTHORN PARKWAY, SUITE 150
VERNON HILLS, IL 60061**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DALIERE, ELIZABETH G
THREE HAWTHORN PARKWAY, SUITE 150
VERNON HILLS, IL 60061**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

4/30/04 **897-867-4634**
Date Daytime Phone #