2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001086

1. Entity Name
BARON INVESTMENTS, LLC

Principal Place of Business	Mailing Address
THREE HAWTHORN PARKWAY, SUITE 150 VERNON HILLS, IL 60061	THREE HAWTHORN PARKWAY, SUITE 150 VERNON HILLS, IL 60061

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01312006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000502485
04/25/06-80106-016 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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: _____ 4/6/06 847-234-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #