

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

04 MAY -6 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # M02000001672</b><br>1. Entity Name<br><b>MASON HOUSE, L.L.C.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>550 HILL AVENUE<br/>GLEN ELLYN, IL 60137</b>   |  |  | Mailing Address<br><b>550 HILL AVENUE<br/>GLEN ELLYN, IL 60137</b>  |   |  |
| 2. Principal Place of Business<br><b>12 N. Andalusia</b>   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                    |   |   |  |
| City & State<br><b>Seagrave Beach, FL.</b>   |  | City & State   |   | 4. FEI Number<br><b>02-0619618</b>  |  |
| Zip<br><b>32459</b>  |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Corporation Service Company</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 Hays Street</b><br>City<br><b>Tallahassee</b> <b>FL</b> Zip Code<br><b>32301</b> |   |  |
| 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.<br><b>Corporation Service Company</b><br>SIGNATURE <u>By: Vera Norris, Authorized Representative</u> <u>Vera Norris</u> May 5, 2004<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MASON, MICHAEL<br>550 HILL AVENUE<br>GLEN ELLYN, IL 60137 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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.                  |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Michael Mason</u>   |  |  | <b>Michael Mason, Manager</b> <u>4/26/04</u>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | <small>Date Daytime Phone #</small>   |   |  |



04062004 Chg-LLC CR2E083 (10/03)



CORPORATION SERVICE COMPANY

# M02000001672

ACCOUNT NO. : 072100000032

REFERENCE : 617712 170472A

AUTHORIZATION :

*Patricia Pizit*

COST LIMIT : \$ 50.00

ORDER DATE : May 5, 2004

ORDER TIME : 10:33 AM

ORDER NO. : 617712-005

CUSTOMER NO: 170472A

CUSTOMER: Jean M. Erhardt  
Clingen Callow & Mclean, Llc  
Suite 1750  
2100 Manchester Road  
Wheaton, IL 60187

FILED  
04 MAY - 6 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MASON HOUSE, L.L.C.

*BK*

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Amanda Hadden* Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

04 MAY - 6 PM 12:42

RECEIVED