# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M02000002253**

**1. Entity Name**
MAT MANAGER LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 13000 ROCKLAND ROAD<br>LAKE BLUFF, IL  60044 | 13000 ROCKLAND ROAD<br>LAKE BLUFF, IL  60044 |

## DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 30-0106132 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL  33324

## 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 reinstating)     DATE

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

U00000034614
02/05/04-80091-024  50.00

### 9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | METRO STORAGE LLC |
| STREET ADDRESS | 13000 ROCKLAND ROAD |
| CITY-ST-ZIP | LAKE BLUFF, IL  60044 |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

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:** _Mark J Ish___     CFO     1.7 04     847.604.5230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #