2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 06, 2005 08:00 AN Secretary of State DOCUMENT # M02000003054 1. Entity Name BARLOW L.L.C. Principal Place of Business Mailing Address 960 MUIRFIELD DRIVE HANOVER PARK, IL 60103 960 MUIRFIELD DRIVE HANOVER PARK, IL 60103 03282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-3966981 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent BLUME, CRAIG D ESQ DO NOT WRITE 5801 PELICAN BAY BLVD., STE 103 NAPLES, FL 34108 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, typod 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, 2005 U00000364495 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BARLOW, MICHAEL M NAME STREET ADDRESS 960 MUIRFIELD DRIVE CITY-ST-ZIP HANOVER PARK, IL 60103 MGR TITLE BARLOW, RUTH E NAME STREET ADDRESS 960 MUIRFIELD DRIVE HANOVER PARK, IL 60103 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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SIGNATURE: