2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

1. Entity Nam	16	# M0300002 HOMES LLC			Secretary of State					
Principal Plac 485 HALF DA	AY RD., STE.	200	Mailing Address 485 HALF DAY RD., STI				•			
BUFFALO GROVE, IL 60089			BUFFALO GROVE, IL 60089			C COMPLETED ATT	rovan een karet aant soot	i Pais Baile Bru		P&†
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072005	Chg-LLC	CR2E083	(10/03)	
City & State			City & State			4. FEI Numbe 20-0184				plied For t Applicable
Zip	Country		Zip	Country			of Status Desired	Fe Fe	5.00 Add e Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
C T CORP 1200 SOU		SYSTEM SLAND ROAD	Street Address			(P.O. Box Number is Not Acceptable)				
PLANTATION, FL 33324										
					City			FL	Zip Code	•
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, 2005								e check pay i Departmen		
9.		MANAGING MEMBER	IS/MANAGERS			ADDITIONS/				
TITLE NAME	MGR MILLER, A	ARNO! D	☐ Delete	TITLE			1 1111111111111111111111111111111111111	<u>ء</u> 1247127] Change	moilibbA [
STREET ADDRESS	485 HALF	DAY RD., STE. 200	STRE		ET ADDRESS	ວສ∕ບໍ່ໃນ <mark>ໍ່ໄດ້ຮ່∽່ຮັບບໍ່ດໍ່ອັ⊣</mark> ບຂສ ຮຽ.).OO	
CRY-ST-ZIP	MGR	GROVE, IL 60089	☐ Delete	CITY	-ST-ZIP				Change	☐ Addition
NAME	MILLER, DELORES F		HAM		E			•		
STREET ADORESS CITY-ST-ZIP	485 HALF DAY RD., STE. 200 BUFFALO GROVE, IL 60089				ET ADORESS -ST-ZIP					1
TILE	Delete III				· · · · · · · · · · · · · · · · · · ·		<u> </u>		Change	Addition
NAME				HAM	i					ļ
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP					{
TITLE			☐ Defete	ıπι	E			[Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP	İ				-ST-ZIP					
TITLE			☐ Delete	TATL			· · · · · · · · · · · · · · · · · · ·	[Change	Addition
NAME STREET ADORESS	1			NAM STRE	ET ADDRESS					ļ
CTTY-ST-ZIP				СПҮ	-ST-ZIP					
TITLE		-	☐ Delete	THIL	1			Ī	Change	noiribb A
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					,
CXTY-ST-ZIP					-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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										