

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90135 040 \*\*\*\*55.00

**DOCUMENT # M03000002940**



1. Entity Name  
**FREEDOMROADS PROPERTY COMPANY, LLC**

Principal Place of Business  
**100 TRI-STATE INTERNATIONAL DR., STE 115  
LINCOLNSHIRE, IL 60069**

Mailing Address  
**100 TRI-STATE INTERNATIONAL DR., STE 115  
LINCOLNSHIRE, IL 60069**

2. Principal Place of Business  
**250 Parkway Drive**  
Suite, Apt. #, etc.  
**Suite 320**  
City & State  
**Lincolnshire, IL**

3. Mailing Address  
**250 Parkway Drive**  
Suite, Apt. #, etc.  
**Suite 320**  
City & State  
**Lincolnshire, IL**

07162004 Chg-LLC CR2E083 (10/03)

Zip  
**60069** Country  
**USA**

Zip  
**60069** Country  
**USA**

4. FEI Number  
**87-0689008**

Applied For  
☐ 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**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ADAMS, STEPHEN<br>2575 VISTA DEL MAR DR.<br>VENTURA, CA 93001                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SCHEDLER, PAUL I<br>2575 VISTA DEL MAR DR.<br>VENTURA, CA 93001                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>YORK, ROBERT T<br>90 SOUTH 7TH ST., STE. 5500<br>MINNEAPOLIS, MN 55402              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BELL, KARIN L<br>100 TRI-STATE INTERNATIONAL DR., STE 115<br>LINCOLNSHIRE, IL 60069 | <input type="checkbox"/> Delete |
| 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"/> Delete |

**10. ADDITIONS/CHANGES**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARCUS A. LEMONS<br>250 PARKWAY DRIVE, SUITE 320<br>LINCOLNSHIRE, IL 60069 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROGER L. NUTTALL<br>250 PARKWAY DRIVE, SUITE 320<br>LINCOLNSHIRE, IL 60069 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DREW KORNREICH<br>250 PARKWAY DRIVE, SUITE 320<br>LINCOLNSHIRE, IL 60069   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KARIN L. BELL<br>250 PARKWAY DRIVE, SUITE 320<br>LINCOLNSHIRE, IL 60069    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Karin L. Bell**

**July 16, 2004**

Date

**(847) 808-3000**

Daytime Phone #