

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M0400000047 1. Entity Name MICHELSON REALTY COMPANY LLC	
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Principal Place of Business 7701 FORSYTH BLVD., SUITE 900 ST LOUIS, MO 63105	Mailing Address 7701 FORSYTH BLVD., SUITE 900 ST LOUIS, MO 63105
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0677900	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 _____
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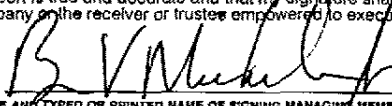
**Filing Fee is \$50.00
Due by May 1, 2004**

**400000159802
05/11/04-80003-004 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHELSON ENTERPRISES LLC 7701 FORSYTH BLVD., SUITE 900 ST LOUIS, MO 63105
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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:  Bruce V. Michelson, Jr. 4/13/04 (314) 862-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Vice President of Manager