2005 LIMITED LIABILITY COMPANY

Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-29-2005 90028 039 ****55.00 **DOCUMENT # M04000001976** 1. Entity Name ALL IN LINE STABLES LLC 20050062 Principal Place of Business Mailing Address 925 THORNDALE AVENUE 925 THORNDALE AVENUE ITASCA, IL 60143 ITASCA, IL 60143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chq-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number APPLIED EQR 01-0814696 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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. DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change Addition TAMARI, E. JOSEPH NAME NAME 925 THORNDALE AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP ITASCA, IL 60143 CITY-ST-7IP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-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 receiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

E. Joseph Tamari, Manager

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Tel: 630.875.3000

April 20, 2005