2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006169

1. Entity Name
RLH ENTERPRISES, LLC

Principal Place of Business	Mailing Address
585 BANK LANE BLVD. SUITE 300	585 BANK LANE BLVD. SUITE 300
LAKE FOREST, IL 60045	LAKE FOREST, IL 60045

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0829392	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HEIDRICK, ROBERT L
4200 NORTH GULF SHORE BLVD.
NAPLES, FL 34103

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

Filing Fee is $50.00
Due by May 1, 2007

U00000607336
01/31/07-80031-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RLH ASSOCIATES, INC.
STREET ADDRESS	585 BANK LANE BLVD. SUITE 300
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1/23/07   847.234.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #