

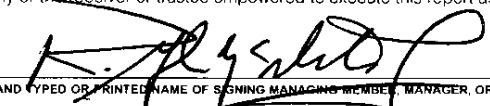


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90006 028 ****50.00

DOCUMENT # M06000002092 1. Entity Name MCMaster CUSTOM HOMES, LLC																													
Principal Place of Business 200 W. 22ND ST. SUITE 251 LOMBARD, IL 60148			Mailing Address 200 W. 22ND ST. SUITE 251 LOMBARD, IL 60148																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip Country																										
																													
01092007 Chg-LLC CR2E083 (12/06)																													
4. FEI Number 36-4276064				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent MURNANE, JOHN ROYAL PALM MORTGAGE, INC. 3624 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904				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 May 1, 2007			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCMaster, ROBERT G JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 W. 22ND ST. SUITE 251</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOMBARD, IL 60148</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">1919 S. Highland Ave A-225</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lombard IL 60148</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	MCMaster, ROBERT G JR		STREET ADDRESS	200 W. 22ND ST. SUITE 251		CITY-ST-ZIP	LOMBARD, IL 60148		TITLE	1919 S. Highland Ave A-225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Lombard IL 60148		STREET ADDRESS			CITY-ST-ZIP		
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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:  1/10/07 608-916-4722																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													