

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90046 033 \*\*\*143.75

<b>DOCUMENT # M06000002092</b>	
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
-------------------------------------------------------------------------------	-------------------------------------------------------------------

60001386



2. Principal Place of Business - No P.O. Box # 1919 S. Highland Ave Suite, Apt. #, etc. A225	3. Mailing Address 1919 S. Highland Ave Suite, Apt. #, etc. A225
City & State Lombard IL	City & State Lombard IL
Zip 60148	Country DUPAGE

01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4276064	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" 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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
--------------------------------------------------------------------------------------------	--------------------------------------------------------------	------

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
-------------------------------------------------------------------------------------	--------------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMaster, ROBERT G JR 1919 S HIGHLAND AVE A-225 LOMBARD, IL 60148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIALA, VICTOR A 1919 S HIGHLAND AVE A-225 LOMBARD, IL 60148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMaster, MICHAEL A 1919 S HIGHLAND AVE A-225 LOMBARD, IL 60148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMaster, MEGAN R 1919 S HIGHLAND AVE A-225 LOMBARD, IL 60148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: 	1/9/08	630-916-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #