## 2007 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Apr 03, 2007 08:00 A Secretary of State **DOCUMENT # M06000003651 BRB MANAGEMENT LLC** Principal Place of Business Mailing Address **800 FRONTAGE ROAD 800 FRONTAGE ROAD** NORTHFIELD, IL 60093 NORTHFIELD, IL 60093 01072007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2864377 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME A & R MANAGEMENT INC. STREET ADDRESS 800 FRONTAGE ROAD 000000688054 04/10/07-80062-022 50.00 NORTHFIELD, IL 60093 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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.

ANFORD SIGNATURE: < PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-7IP