2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M98000001135

t. Entity Name BYHALL, LLC

Principal Place of Business

1996 S. KIRK RD., #320 GENEVA, IL 60134

Mailing Address

3500 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602

FILED Feb 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2634414

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

DO NOT WRITE

| | SSEE, FL 32301 | IN THIS SI | PACE |
|--|---|--|--|
| | named entity submits this statement for the purpose of cha ions of registered agent. | anging its registered office or registered agent, or both, in the State of F | Torida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of regretered agent and title if applicable | | (HOTE Registered Agent signature required when reinstating) DATE | |
| F | lling Fee is \$50.00 ue by May 1, 2004 | | |
| g. | MANAGING MEMBERS/MANAGERS | | |
| HITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARLSON, EDWARD 1996 S. KIRK ROAD, STE 320 GENEVA, IL 50134 | | |
| HRLE NAME SIRLEI ADDRESS CUTY ST- DP | | ULIQUO 02/23/ 0 4 | 10060929 1-80056-025 50.00 |
| tifle name street adoress city-st-zip | | DO NOT W | /RITE |
| THE NAME STREET ADORESS CITY-ST-ZIP | | IN THIS SI | PACE |
| BILE MAME STREET ADDRESS CITY-ST-ZIP | | | |
| NAME | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

(630) 232-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytene Phone a