2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003430

1. Entity Name

ERICKSON HERSCOE/DESTEFANO AND PARTNERS, L.L.C.

FILED

00 JAN 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
849 7TH AVENUE SOUTH NAPLES FL 34102	849 7TH AVENUE SOUTH NAPLES FL 34102-6766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3560838 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DESTEFANO, JAMES R 505 NORTH LAKE SHORE DRIVE, APT. 5403 CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 400003119834--0 -02/01/00--01145--004 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ERICKSON, CARL 543 97TH AVENUE N NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BURCHER, JOHN S 242 WEST ST. PAUL AVENUE CHICAGO IL 60614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERSCOE, ROBERT 849 7TH AVENUE SOUTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLAGETT, LEONARD 900 NORTH LAKE SHORE DRIVE, APT. 514 CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FANNING, KATHY 138 SOUTH PLYMOUTH COURT INVERNESS IL 60067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED CARL E. ERICKSON 01.20.2000 941-643-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #