2000 UNIFORM BUSINESS REPORT (UBR) M00000000022 DOCUMENT

APPROVED

00 MAY 10 PM 1: 04 1. Entity Name JRC LAKESIDE PROPERTY (GMO), LLC SECRETARY OF STATE MALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 919 N. Michigan Ave. same Suite 1500 Chicago, IL 60611 Cook County 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) The state of the s FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Change ☐ Addition TITLE TITLE MANAGER ☐ Delete **8000003283886--**-06/09/00--01117--<u>01</u>1 NAME NAME JRC Lakeside, Inc. STREET ADDRESS STREET ADDRESS 919 N. Michigan Ave., Suite 1500 *****50.00 ****50.00 CITY-ST-ZIP CITY-ST-ZIP Chicago, IL 60611 ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME-NAME' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

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. (Manager)

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

. Andrew V. Agostini, President 2/24/00 (312) 642-6000

Daytime Phone #