2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90034 001 ***100.00

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DOCUMENT # M00000000599

1. Entity Name
WATERTON PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
225 WEST WASHINGTON STREET, SUITE 1640 CHICAGO IL 60606	225 WEST WASHINGTON STREET, SUITE 1640 CHICAGO IL 60606

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
ONE N. FRANKLIN ST	ONE N. FRANKLIN ST
Suite, Apt. #, etc.: SUITE 1150	Suite, Apt. #, etc.: SUITE 1150
City & State: CHICAGO, IL	City & State: CHICAGO, IL
Zip: 60606 Country: USA	Zip: 60606 Country: USA

4. FEI Number 36-4198140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATERTON ASSOCIATES, L.L.C. ~~225 WEST WASHINGTON STREET, SUITE 1640~~ CHICAGO IL 60606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition ONE N. FRANKLIN ST SUITE 1150 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 3/13/2003 312.948.4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #