

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1614

DOCUMENT # M98000000145

1. Entity Name

SENIOR LIFESTYLE MANAGEMENT, L.L.C.



FILED

03 SEP 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

111 E. WACKER DR. SUITE 2400
CHICAGO IL 60601

Mailing Address

111 E. WACKER DR. SUITE 2400
CHICAGO IL 60601

2. Principal Place of Business

111 E. Wacker Drive, S

Suite, Apt. #, etc.

Suite 2200

City & State

Chicago, IL

Zip

60601

Country

USA

3. Mailing Address

111 E. Wacker Drive

Suite, Apt. #, etc.

Suite 2200

City & State

CHICAGO, IL

Zip

60601

Country

USA

4. FEI Number 74-2837251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000023419908

09/30/03--01035--008 **\$50.00

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KAPLAN, WILLIAM B
STREET ADDRESS 111 E. WACKER DR., SUITE 2400
CITY-ST-ZIP CHICAGO IL 60601

TITLE MGR ☐ Delete
NAME FRUMM, JERROLD
STREET ADDRESS 111 E. WACKER DR. SUITE 2400
CITY-ST-ZIP CHICAGO IL 60601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 registered agent or authorized representative of this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

9/22/03

Daytime Phone #

312-673-4333

CR2E083 (4/03)