

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000000358**

1. Entity Name  
**THE MARTIN-BROWER ACQUISITION COMPANY, L.L.C.**

**FILED**

01 JAN 16 AM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**333 E. BUTTERFIELD RD., SUITE 500  
LOMBARD IL 60148-5641**

Mailing Address  
**333 E. BUTTERFIELD RD., SUITE 500  
LOMBARD IL 60148-5641**

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 **36-4221605**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR MARTIN-BROWER MANAGEMENT CORPORATION 333 E. BUTTERFIELD RD., SUITE 500 LOMBARD IL 60148-5641</b>	<input type="checkbox"/>		
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**9000003568319--3**  
**-01/23/01--01093--016**  
**\*\*\*\*100.00 \*\*\*\*50.00**

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** *PETER SWAN* **U.P. AND ASST. SECY**      Date: **1/10/01**      Daytime Phone #: **630/271-9300**

CR2E083 (11/00)