

2000 UNIFORM BUSINESS REPORT (UBR)

0014048 AF

DOCUMENT # M990000000003

1. Entity Name
HOMETOWN COUNTRY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business 70 W. MADISON STREET, SUITE 4000 CHICAGO IL 60602	Mailing Address 70 W. MADISON STREET, SUITE 4000 CHICAGO IL 60602-4232
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NEW ADDRESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 150 N. Wacker Dr. Suite, Apt. #, etc. #800 City & State Chicago, IL Zip 60606 Country	3. Mailing Address 150 N. Wacker Dr Suite, Apt. #, etc. #800 City & State Chicago, IL Zip 60606 Country
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4. FEI Number 36-4196688	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

3/8/00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
MGRM HOMETOWN AMERICA, L.L.C. 70 W. MADISON STREET, SUITE 4000 CHICAGO IL 60602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
MGR Member Hometown America, LLC 150 N. Wacker Dr., #800 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Vincent J. M. Brown 2/1/00 312-499-3613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)