

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002278

1. Entity Name
12M PARTNERS, LLC

FILED

01 JAN 17 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
21 WEST 420 THORNDALE AVENUE
MEDINAH IL 60157-0555

Mailing Address
21 WEST 420 THORNDALE AVENUE
MEDINAH IL 60157-0555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4094921

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, CONSTANCE M
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

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)

4000003567654--9
-01/23/01-01057-003
*****50.00 *****50.00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARINO, BRIAN M
STREET ADDRESS 21 WEST 420 THORNDALE AVENUE
CITY-ST-ZIP MEDINAH IL 60157-0555 ☐ Delete

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

TITLE MGR
NAME MARINO, PATRICK J
STREET ADDRESS 21 WEST 420 THORNDALE AVENUE
CITY-ST-ZIP MEDINAH IL 60157-0555 ☐ Delete

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

TITLE MGR
NAME MARINO, PETER
STREET ADDRESS 21 WEST 420 THORNDALE AVENUE
CITY-ST-ZIP MEDINAH IL 60157-0555 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Patrick J Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-01 630-893-4455
Date Daytime Phone #

0032885 SP

CR2E083 (11/00)