2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 31, 2003 8:00 am
Secretary of State
02-05-2003 90039 026 ****50.00

DOCUMENT # M97000000152

1. Entity Name
203 TRUMAN L.L.C.

Principal Place of Business	Mailing Address
440 SOUTH LA SALLE ST.. SUITE #15103 CHICAGO IL 60605	440 SOUTH LA SALLE ST.. SUITE #15103 CHICAGO IL 60605

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	203 LLC %Phillip G. Neal Suite, Apt. #, etc. 3639 N. Sheffield #3
City & State	City & State Chicago, IL
Zip / Country	Zip 60613 / Country USA

4. FEI Number 36-4087175 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ALBIERO, GREG 440 S. LA SALLE ST., SUITE #15103 CHICAGO IL 60605 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Albiero Greg % Phillip G. Neal 3639 North Sheffiled, #3, Chgo, IL 60613 ☒ 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 1/27/03 773 281-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #