## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F9200000053 DOCUMENT #

1. Entity Name

JMB GROUP-II HOLDINGS, INC.



## **FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90149 014 \*\*\*150.00

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Principal Place of Dusmess   100 N LASALE STREET   100 N LASALE				GOD	WEIR					
City & State  Country  Country  S. Centificate of Status Deared   S8.75 Additional Fee Requised of Fee Requised   Fee Requ	180 N LASALLE STREET         180 N LASAL           SUITE 3400         SUITE 3400           CHICAGO IL 60601         CHICAGO IL           US         US			•						
City & State  Country  Country  S. Centificate of Status Deared   S8.75 Additional Fee Requised of Fee Requised   Fee Requ	Suite, Apt	. #. etc.	Suite Apt # etc			_				
Zip Country Zip Country S. Carrificate of Satus Desired Status Des				Guio, Apr. #, die.		☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept these-bilgailations of registered agent.  9. Election Campaign Financing  9. Election Campaign Financing  9.	City & Sta	te	City & State	City & State		4. FEI Number 36-3208819			-	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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 chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigalians of registered agent, or both, in the State of Florida.  In the State Advisors of Plorida agent ag	. Zip	Country	Zip	Zip Country						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of Florida agent, or both, in the State of Florida. I am familiar with, and accept the color of Florida agent, or both, in the State of Florida. I am familiar with, and accept the color of Florida agent, or both, in the State of Florida. I am familiar with, and accept the color of Florida agent, or both, in the State of Florida. I am familiar with, and accept the florida agent and the resistance of Florida agent, or both, in the Sta		6. Name and Address of Cur	rent Registered Agent		7.	Name and Address of New Re	gistered Age	ent		
Street Address (P.O. Box Number is Not Acceptable)			<del>_</del>	Name	•	-	•			
1200 SOUTH PINE ISAND ROAD PLANTATION FL 33324    City   FL   Zip Code				Street A	Street Address (P.O. Box Number is Not Acceptable)					
City   FL   Zip Code						,				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	PLANTATI	ON FL 33324								
the-obligations of registered agent.    SIGNATURE			,	City			FL	Zip Cod	е	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	the obligat	lions of registered agent.		registered office o	r registered a	gent, or both, in the State of Flor	ida. I am fam	iliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.	•	Signature, typed or printed name of registered	agent and title if applicable. (NOTI	E: Registered Agent signa	ture required when	reinstating)	DATE			
TITLE SDC CARTHY; THOMAS D Delete MCCARTHY; THOMAS D STREET ADDRESS CITY-ST-ZIP CHICAGO IL:  TITLE DPC DELETE STREET CHICAGO IL:  TITLE VAS CAREY, GAIL STREET CHICAGO IL:  TITLE T CHICAGO IL:  TITLE CAREY, GAIL STREET CHICAGO IL:  TITLE T CHICAGO IL:  TITLE CLASS, JEROME J III  SIRRET ADDRESS CITY-ST-ZIP  CHICAGO IL:  TITLE CLASS, JEROME J III  SIRRET ADDRESS CITY-ST-ZIP  TITLE CLASS, JEROME J III  SIRRET ADDRESS CITY-ST-ZIP  CHICAGO IL:  TITLE CLASS, JEROME J III  SIRRET ADDRESS CITY-ST-ZIP  CHICAGO IL:  TITLE CLASS, JEROME J III  SIRRET ADDRESS CITY-ST-ZIP  CHICAGO IL:  TITLE CLASS CITY-ST-ZIP  CHARGE CHICAGO IL:  TITLE CLASS CITY-ST-ZIP  CHICAGO IL:  TIT	Afte	r May 1, 2003 Fee will be \$550	1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>I</b> 11	Δ	DDITIONS/CHANGES TO DEFI	CERS AND DI	RECTORS	3 IN 11	
TITLE NAME LUDGIN, MARY K SIREET ADDRESS CITY-ST-ZIP CHICAGO IL  TITLE VAS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	TITLE NAME STREET ADDRESS	SDC MCCARTHY; THOMAS D 180 N LASALLE STREET		TITLE NAME STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE T STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE T SMITH; ROGER E STREET ADDRESS CITY-ST-ZIP TITLE DC   Change   Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DC   Change   Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DC   Change   Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CLAEYS, JEROME J III STREET ADDRESS CITY-ST-ZIP TITLE BON LASALLE STREET CHICAGO IL TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	DPC LUDGIN, MARY K 180 N LASALLE STREET	☐ Oelete	TITLE NAME STREET ADDRESS				] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL  TITLE DC	NAME STREET ADDRESS	CAREY, GAIL 180 N LASALLE STREET	Delete	NAME STREET ADDRESS		-		Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SMITH; ROGER E 180 N LASALLE STREET	☐ Delete	NAME STREET ADDRESS	-			Change	Addition	
NAME EDELMAN, EDWARD J NAME STREET STREET ADDRESS STREET ADDRESS	NAME Street address	CLAEYS, JEROME J III 180 N LASALLE STREET	☐ Delete	NAME . STREET ADDRESS				Change	Addition	
	NAME STREET ADDRESS	EDELMAN, EDWARD J 180 N LASALLE STREET	☐ Delete	NAME STREET ADDRESS				Change	Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.