200	1 UNIFORM	BUSIN	IESS REPO	RT (UBR	t)				
1. Entity Nan	ne	00000	02411	· .	•				
SONN	Y BOY, L.L.C.		, `			FILED			
Principal Plac	ce of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·	O1 AL	6 22 11 12 17			
10 EAST ON CHICAGO IL	TTARIO STREET. #3805 60611	10 EAST ONTARIO STREE CHICAGO IL 60611	ST ONTARIO STREET. #3605 GO IL 60611 TA		SECRETARY OF STATE JALLAHASSEE, FLORIDA				
A	Har Richard C	Longe	Attac Richard	16corge			Ka ar ana ara na ara na arana arana a		
2. Principal Place of Business 3.			Mailing Address 1415 W- 22	wd st		T I HERMAN EN TERN BRIN DENN DENN BENN ERNN ERNN ERNN ERNN EIREN FREN FREN FREN FREN FREN FREN FREN F			
City & State			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Oa	k Brook I	L	Oak Brook	IL	4. FEI N	6-436460		Applied For Not Applicable	-
GOS 2		- Command Base	6057-3	Country		ficate of Status Desired	Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent					7. Nam	and Address of New Re	gistered Agent		1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
				City	···		FL Zip C	ode	$\frac{1}{2}$
8. The above	named entity submits this	statement for the	purpose of changing its r	egistered office or r	egistered agent,	or both, in the State of Flor			\dashv
SIGNATURE :	Signature, typed or printed name of	egistered agent and tit	le if applicable (NOTE:	Registered Agent signature	required when reinstati	ng)	DATE		
				W!!! FEE IS \$5		0000004	56012		1.
			Make Check Payable to Department of Due By September 26, 2001			of State -08/28/0101064017 *****50.00 *****50.00			
9. TITLE	President	NG MEMBERS/		10.		ADDITIONS/0		e Addition]_
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STREET ADDRESS City-St-ZIP				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 anothat 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 dust empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT		A LOUIS	ING MANAGING MEMBER, MANA	GER, OR AUTHORIZED RE	PRESENTATIVE	8/12/01 6	30-52/-	0123	