

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90087 012 ****50.00

DOCUMENT # L01000013293

1. Entity Name

SEASIDE SEVEN LLC

Principal Place of Business

3530 LAKE SHORE DRIVE
 #6B
 CHICAGO IL 60657
 US

Mailing Address

3530 LAKE SHORE DRIVE
 #6B
 CHICAGO IL 60657
 US

2. Principal Place of Business

5555 N. Sheridan Rd.

Suite, Apt. #, etc.

#1106 40 J. Ryan

City & State

Chicago, IL

Zip
60640-1639

Country
USA

3. Mailing Address

5555 N. Sheridan Rd. 40 J. Ryan

Suite, Apt. #, etc.

#1106 40 J. Ryan

City & State

Chicago, IL

Zip

60640-1639

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4477364

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete
 NAME **Josephine Ryan**
 STREET ADDRESS **5555 N. Sheridan Rd. #1106**
 CITY-ST-ZIP **Chicago, IL 60640-1639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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:

SIGNATURE REQUIRED

3/26/02 773-506-9987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)