

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90040 049 \*\*\*150.00

**DOCUMENT # L02000006727**

1. Entity Name

**MIDWEST ILLINI GROUP, LLC**



Principal Place of Business

**305 NEPTUNES BIGHT  
NAPLES FL 34103**

Mailing Address

**305 NEPTUNES BIGHT  
NAPLES FL 34103**

2. Principal Place of Business

**305 Neptunes Bight**  
Suite, Apt. #, etc.

3. Mailing Address

**305 Neptunes Bight**  
Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**75-3029453**

Applied For

Not Applicable

Zip

**34103**

Country

**USA**

Zip

**34103**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B ESQ.  
5551 RIDGEWOOD DR., STE. 101  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name  
**DENNIS E. SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**305 NEPTUNES BIGHT**

City  
**Naples**

FL

Zip Code

**34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-3-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SMITH, DENNIS  
305 NEPTUNES BIGHT  
NAPLES FL 34103**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

**2-3-03**

Date

**239-434-9004**

Daytime Phone #

0038114

CR2E083 (10/02)