

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90095 046 \*\*\*\*50.00

**DOCUMENT # L02000007439**

1. Entity Name  
**2704 LEWIS LLC**



Principal Place of Business  
**205 W. RANDOLPH SUITE 650  
% NICK J. FERA  
CHICAGO IL 60606**

Mailing Address  
**205 W. RANDOLPH SUITE 650  
% NICK J. FERA  
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE**

**SAME AS ABOVE**

Suite, Apt. #, etc.  
**#650**

Suite, Apt. #, etc.  
**#650**

City & State  
**CHICAGO, ILL**

City & State  
**CHICAGO, ILL**

Zip  
**60606** Country **USA**

Zip  
**60606** Country **USA**

4. FEI Number  
**03-042-8502**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERA, NICHOLAS M  
2704 LEWIS  
MELBOURNE FL 32901**

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

9. 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]**  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING MEMBER  
NICK FERA  
205 W RANDOLPH #650  
CHICAGO, ILL 60606** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 606, Florida Statutes.

SIGNATURE: **[Signature]** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/6/03** **312-368-5166**  
Date Daytime Phone #

CR2E083 (10/02)