


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90056 029 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000011102**

1. Entity Name  
**FLORIDA RENTAL PROPERTIES, LLC**



Principal Place of Business  
 1111 PLAZA DR. #430  
 SCHAUMBURG, IL 60173

Mailing Address  
 1111 PLAZA DR. #430  
 SCHAUMBURG, IL 60173

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**10105972**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
 35-2168574

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
 1000 WEST AVE., STE. 1114  
 MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

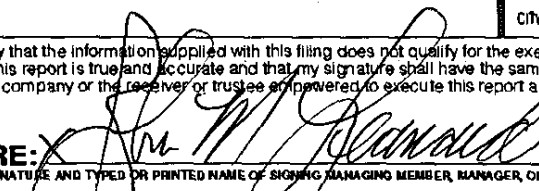
9. MANAGING MEMBERS/MANAGERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	ColBennett LLC, Business Trust#3	
STREET ADDRESS	1111 Plaza Drive, Suite 430	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	John M. Leanardi	
STREET ADDRESS	526 Mall Drive	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Martin C. Stillwell	
STREET ADDRESS	526 Mall Drive	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Dawson Family Partnership	
STREET ADDRESS	526 Mall Drive	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Gary Botari	
STREET ADDRESS	5326 SW 22nd Place	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (10/02)