

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90213 034 \*\*\*\*50.00

**DOCUMENT # L02000012436**

1. Entity Name

**DREAM ISLAND, LLC**



Principal Place of Business

**25 EAST WASHINGTON STREET  
SUITE 925  
CHICAGO IL 60602**

Mailing Address

**25 EAST WASHINGTON STREET  
SUITE 925  
CHICAGO IL 60602**

2. Principal Place of Business

**217 N. Jefferson Street**

3. Mailing Address

**217 N. Jefferson Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5th Floor**

**5th Floor**

City & State

City & State

**Chicago, IL**

**Chicago, IL**

Zip

Country

Zip

Country

**60661**

**60661**

4. FEI Number

**32-0017173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00**

Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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

☐ Delete

10.

ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR :  
WGEBB, L.L.C.  
217 N. Jefferson Street, 5th Floor  
Chicago, IL 60661**

TITLE  
NAME  
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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**

**James D. Geleerd, Managing Member**

**01/15/03**

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

Date

Daytime Phone #

CR2E083 (10/02)