2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012436

1. Entity Name

DREAM ISLAND, LLC



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

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

		2			GOO WE THE				
Principal Pla	ace of Business	-	Mailing Address			┥			
	SHINGTON STREET		25 EAST WASHIN		•				
SUITE 925			SUITE 925	MION STREET					
CHICAGO IL 60602				CHICAGO IL 60602					
						1 18811811 811 88118 718	I Pa nn Ar no Ca no Ca n	a: 11812 (1811 aus	60 1119 0 016 1 3 01
2. Principal Place of Business			3. Mailing Addre	3. Mailing Address					
217 N. Jefferson Street		217 N. Jefferson Street			i indiinti dii 90ii9 (ibi	! 88 411 88 514 88 111 88 41	TI II TIB (1811) bib i	8	
Suite, Apt	•		Suite, Apt. #, e	etc.	Teer	_			
5th Floor		5th Floor			L] CHEC	K HERE IF MAKI	ING CHANG	ES	
City & Sta			City & State			4. FEI Number			
Chicago, IL		Chicago, IL			32-0	017173		Applied For	
Zip	Cor	untry	Zip	Coun	try	 			Not Applicat
50661	_		60661	55411	.,	5. Certificate of Status D	esired [\$5.00 /	Additional
	6. Name and A	ddress of Curre	ent Registered Agent			7 Name and Address -	4.11	Fee Requ	ired
	` , .				Name	7. Name and Address of	New Hegistere	d Agent	
	RPORATION SER	VICE COMPAN'	Υ	•					
1201 HAYS STREET				Street Addr		(P.O. Box Number is Not Ac	ceptable)		
TAL	LAHASSEE FL 32	301-2525					- CP(125.C)		
				}	City				
					City		F	Zip Co	
The above	anamed entity subm	its this statement	for the purpose of char	nging its registere	d office or register	red agent, or both, in the Sta	te of Florida La	m familiasit	h
are obligat	tions of registered a	gent.			3		ile of Florida. Tar	marillar wid	п, апо ассер
SIGNATURE .									
	Signature, typed or printed	name of registered age	ent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE		
			E						
			Make Check	ILE NOW!!! F	EE 15 \$50.00				
			wake Check	rayable to Flo	rida Departmei	nt of State			
).				Due By Ma	y 1, 2003				
	<u>M</u>	IANAGING MEMI	BERS/MANAGERS	10.		ADDI	TIONS/CHANGE		
ITLE .			☐ Dele	ite TITLE	MGR			☐ Change	Addition
IAME				NAME	WGEB	B, L.L.C.	•	-;	∠ ∧ddillo
TREET ADDRESS				STREET	ADDRESS 217 1	N. Jefferson St	reet. 5th	i Floor	
117-31-217		<u> </u>		CITY-S	T-ZIP Chica	ago, IL 60661			
rle			☐ Dele	te TITLE				☐ Change	
AME				NAME					Addition Addition
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REET ADDRESS Y-ST-ZIP LE	<u> </u>		☐ Delete		· - 1			☐ Change	Additio

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.

Geleerd, Managing Member 01/15/03

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

Date SIGNATURE

Daytime Phone #