

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03262900152
9/18/2003-90001-045-\$50.00-\$50.00

DOCUMENT # L02000032414

1. Entity Name

INTERPLAN MIDWEST LLC



FILED

2003 OCT -3 PM 1:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 933 LEE ROAD, SUITE 120 ORLANDO FL 32810	Mailing Address 933 LEE ROAD, SUITE 120 ORLANDO FL 32810
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2. Principal Place of Business One South 280 Summit Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Oakbrook Terrace, IL 60181	City & State
Zip	Country USA

4. FEI Number 60-0004055	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOLTON, JEFFREY M ESQ 557 NORTH WYMORE ROAD, SUITE 100 MATLAND FL 32751
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Boyce, David 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Trahan, Francois 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Eustace, AnneMarie 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager McCoig, Kenneth 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Stilwell, Clark 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jacoby, Harvey 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

9-15-03

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

Date

Daytime Phone #

CR2E083 (4/03)