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FILED
Feb 24, 2002 8:00 am
Secretary of State

01-17-2002 90010 018 ****50.00

13736

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000456

1. Entity Name
SPECIALIZED INCOME PROPERTIES I, L.C.

Principal Place of Business
333 EAST STATE STREET
ROCKFORD IL 61105

Mailing Address
P.O. BOX 4745
ROCKFORD IL 61110-4745

2. Principal Place of Business	3. Mailing Address
4930 E. STATE STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCKFORD, IL	City & State
Zip: 61108 Country: U.S.A.	Zip Country

4. FEI Number 36-3982430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, BRUCE W
HINSHAW & CULBERTSON
100 SOUTH ASHLEY, SUITE 290
TAMPA FL 33602

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MEM	☐ Delete	TITLE	MEMBER	☒ Change ☐ Addition
NAME	ARNOLD, DANIEL J		NAME	ARNOLD, DANIEL J.	
STREET ADDRESS	333 E STREET		STREET ADDRESS	4930 E. STATE STREET	
CITY-ST-ZIP	ROCKFORD IL 61110-4745		CITY-ST-ZIP	ROCKFORD IL 61108	
TITLE	MEM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEEKMAN, BRENT T		NAME		
STREET ADDRESS	333 E STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL 61104		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/01)

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 [signature] 1-11-02 815-387-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
13134
#L94000028

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

TALLAHASSEE
FEB 11 '02
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