1/

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

13736

DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000456

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

Principal Place of Business	Mailing Address
333 EAST STATE STREET ROCKFORD IL 61105	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	7. Name and Address of New Registered Agent
BENNETT, BRUCE W HINSHAW & CULBERTSON 100 SOUTH ASHLEY, SUITE 290 TAMPA FL 33602	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 RECEIVED 1-11-02 815-387-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
13734
#L94000000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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

TALLAHASSEE
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