

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L96000001293

FILED
Jan 13, 2003
Secretary of State

Entity Name: FOUNTAIN SQUARE RESIDENCES, L.C.

Current Principal Place of Business:

225 E. EDGEWOOD DR
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

C/O STEPHEN A. CHETEK
1901 W. CYPRESS CREEK RD., STE 415
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 36-4122360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHETEK, STEPHEN A
1901 W. CYPRESS CREEK ROAD, SUITE 415
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHETEK, STEPHEN A
Address: 1901 W. CYPRESS CREEK ROAD, SUITE 415
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR () Delete
Name: MULTACK, DAVID
Address: 660 LA SALLE PLACE, #260
City-St-Zip: HIGHLAND PARK, IL 60035

Title: MGR () Delete
Name: EVANS, ARTHUR
Address: 180 N. LASALLE STREET, STE 2401
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN A CHETEK

MGR

01/13/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date