

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001203

1. Entity Name

SOUTHWEST REGIONAL LIMITED LIABILITY COMPANY

FILED

01 SEP 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

633 W. FULLERTON AVENUE
CHICAGO IL 60614

Mailing Address

633 W. FULLERTON AVENUE
CHICAGO IL 60614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526050

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

TOBIN, MARY C
102 CLUB HOUSE DRIVE, APT. 377
NAPLES FL 34105

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 September 26, 2001

300004609533--4
-09/25/01--01006--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
D.K.J. CO.
220 EASTERN AVENUE
BARRINGTON IL 60010

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
TOBIN, MARY C TRUSTEE
4251 LAKE FOREST DRIVE, #214
BONITA SPRINGS FL 34134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DKJ CO.,
633 W. FULLERTON AVE.
CHICAGO IL 60614

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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NAPLES FL 34105

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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:

Kevin J. Tobin (Kevin J. Tobin) 7/5/01 312-861-7822

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

Date

Daytime Phone #

STAPLE CHECK HERE

0009838

CR2E083 (5/01)