

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90166 015 ****50.00

DOCUMENT # L98000001203

1. Entity Name

SOUTHWEST REGIONAL LIMITED LIABILITY COMPANY

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **D.K.J. CO.**
 STREET ADDRESS **220 EASTERN AVENUE**
 CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **DKJ CO.**
 STREET ADDRESS **633 W. FULLERTON AVE.**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **TOBIN, MARY C TRUSTEE**
 STREET ADDRESS **102 CLUB HOUSE DR., APT. 377**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **TOBIN, KEVIN J**
 STREET ADDRESS **633 W. FULLERTON AVENUE**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

7/18/02 312-861-7822

CR2E083 (4/02)