

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003525 AF

**DOCUMENT # L98000001608**

1. Entity Name

**CAROL STREAM WAREHOUSE, LLC**

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TODD, DAVID E**  
1801 HERMITAGE BOULEVARD, SUITE 100  
TALLAHASSEE FL 32308

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **FLORIDA STATE BOARD OF ADMINISTRATION**  
CITY-ST-ZIP **1801 HERMITAGE BOULEVARD, SUITE 600**  
**TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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.

Florida State Board of Administration By:  
**Douglas W. Bennett, Chief Investment Officer, Real Estate**

SIGNATURE:

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

Date

850/488-4406

Daytime Phone #

CR2E083 (11/00)