

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016404 AF

DOCUMENT # L98000002495

1. Entity Name
SOUTHLAKE DEVELOPMENT UNIT ONE, L.L.C.

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3856 OAKTON SKOKIE IL 60076	Mailing Address 3856 OAKTON SKOKIE IL 60076-3454
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2551926	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DEAS, WILLIAM J
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003317420-2
-07/10/00--01025--009
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHLAKE DEVELOPMENT, LTD. 3856 OAKTON SKOKIE IL 60076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 5/00

SOUTHLAKE DEVELOPMENT, LTD.

(352) 242-2444

DATE _____ DAYTIME PHONE # _____