

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003461

1. Entity Name

WEST END PROPERTY, LLC



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90184 038 *****50.00

Principal Place of Business
C/O MAGGIE MARLING
330 NORTH WABASH AVENUE, SUITE 3300
CHICAGO IL 60611-3608

Mailing Address
C/O MAGGIE MARLING
330 NORTH WABASH AVENUE, SUITE 3300
CHICAGO IL 60611-3608



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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2431710** 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	
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202-3520		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDMUNSON ORANGE CORP. 330 NORTH WABASH AVENUE, SUITE 3300 CHICAGO IL 60611-3608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kathy D. Miller* **WITNESS REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KATHY D. MILLER
VICE PRESIDENT

4/28/03 (904) 598-7000
Date Daytime Phone #

CR2E083 (10/02)