APPROVED

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	<u>.</u>	DO NOT WRITE IN THIS SPACE					
		4. FEL! 364	Number 286259				pplied For ot Applicable
/			ificate of Statu	<u></u> _		\$5.00 Ad Fee Require	
Name		7. Nam	e and Addres	s of New Re	gistered /	Agent	
Street A	ddress (I	P.O. Box N	Number is Not	Acceptable)		_ ,	
						-	
City			·		FL	Zip Coc	le
office or	r register	ed agent,	or both, in the	State of Flor	ida.		-
gent signat	ure required	when reinstat	ting)		DATE		
EE IS \$ Depart	50.00 ment of	State					
			A	DDITIONS/	CHANGES		
ADDRESS				003; -06/01,	/000	1060	
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ADDRESS							

ZUUU UNIFUNM BUSINESS NEPUNI (U				
DOCUMENT # 1. Entity Name	L99000001378			
INLAND BOYNTON INV	ESTMENT, L.L.C.			
Principal Place of Business	Mailing Address			
2901 BUTTERFIELD ROAD	2901 BUTTERFIELD ROAD			

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip

Country

OAK BROOK IL 60523-1106

Name

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

OAK BROOK IL 60523

City 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager

SIGNATURE (NOTE: Registered Agent signature required when rein

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

9.	MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete INLAND RETAIL REAL ESTATE LIMITED PARTNERS 2901 BUTTERFIELD ROAD OAK BROOK IL 60523	TITLE RAME STREET ADDRESS GITY-ST-ZIP	6000032736369 -06/01/0001960001 *****50.00 ******50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	□ Delete .	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	□ Defects	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MAME STREET CODRESS CITY-5-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS	□ Delete	TITLE MAME STREET ADDRESS CHTV- ST. 71P	Change 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.

#630/218-8000