2000	UNIFORM	BUSINESS	REPORT	(UBR
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	UNIFORM BUS	INESS REPO	RT	(UBR)	\neg	APPROV AND			0008954
DOCUMENT # L9900002215						FILE	•		1 5
1. Entity Name THE BEACHFRONT L.L.C.			j	•		00 MAY -6 /	/H 10: 40		Ħ
			•			SECRETARY (OF STATE		
Principal Place of Business 8889 PELICAN BAY BLVD., SUITE 403 NAPLES FL 34108		Mailing Address 8889 PELICAN BAY BLVD SUITE 403 NAPLES FL 34108-7512			TALLAHASSE	EN FLUKIUA			
	· ·								
2. Principal Place of Business		3. Mailing Address			I (BADICALI ALA 1400 HILIN ANDIS NAULI NAULI	00/11 4611B 11010 HD81			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	e	City & State	City & State		4. FEIN	lumber - 42 900 67		pplied For ot Applicable	}
Zip	Country	Zip	Count	try		ficate of Status Desired	\$5.00 44	fitional	
	6. Name and Address of Current	Registered Agent		bl	7. Name	e and Address of New Registe			
HAMII TON	N MANAGEMENT SERVICES, INC.			Name				,	ļ
8889 PELICAN BAY BLVD., SUITE 403					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES F	EL 34108								
	•			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	ed office or regist	ered agent, o	or both, in the State of Florida.			٠
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO1	TE. Registered	d Agent signature requir	ed when reinstati	ng) D	ATE		
		Eti E N	IOWIII E	FEE IS \$50.00					
	•	Make Check Pr							
9.	MANAGING MEMB	BERS/MEMBERS	10.			ADDITIONS/CHAN	NGES		1
TITLE MGRM		☐ Delete TITLE					☐ Change	Addition	(66/6)
NAME STREET ADDRESS CITY-ST-ZIP	THE WILLIAM J. VAN LIEBIG TRUST TWO N LASALLE STREET, SUITE 2200 CHICAGO IL 60602			E ET ADORESS • \$T- ZIP					CR2E083 (
TITLE NAME	3	Ociete '	TITLE			9000000	Change	Addition	15
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STREET ADDRESS CITY-ST-ZIP			\$TRE	ET ADDRESS -ST-ZIP					
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NAME STREET ADDRESS				ET ADDRESS					
CITY: 8T-ZIP	•	□ Deleta	CATY-	8T-ZIP			Change	Addition	-
NAME		المنظلة	MAMI	E					
SKÆET ADDRESS City-St-Zip		. 1		ET ADDRESS ST-ZIP					
11. I hereby of indicated limited lia.	certify that the information supplied with on this report is true and accurate and bility company or the repetivor of truble	n this filing does not qualify fo that my signature shall have e empowered to execute this	the exer the same report as	mption/stated in 8 e lega/effect as if required by Cha	Section 119.0 made under pter 608, Flo	07(3)(i), Florida Statutes. I further oath; that I am a managing morida Statutes.	er certify that the in ember or manage	nformation or of the	
CICNAT	ibe. SigiXai	- MANGOZ				ylaloo			
SIGNAT		INTED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER		Date	Daytime Phone #		