2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR -5 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004407

1. Entity Name
MEYER EXTENDED FAMILY REAL ESTATE, L.L.C.

Principal Place of Business	Mailing Address
C/O ELLIOT GOLDMAN 225 WEST WACKER DRIVE, SUITE 3000 CHICAGO IL 60606	C/O ELLIOT GOLDMAN 225 WEST WACKER DRIVE, SUITE 3000 CHICAGO IL 60606-1224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/o David Meyer	C/o David Meyer
Suite, Apt. #, etc. 120S Sandra Ln	Suite, Apt. #, etc. 120S Sandra Ln.
City & State Monticello, Ill.	City & State Monticello, Illinois
Zip 61856 Country USA	Zip 61856 Country USA

4. FEI Number 36-4329570 ☐ 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
ASCHENBRENNER, RICHARD W ESQ 901 PONCE DE LEON BLVD., PENTHOUSE SUITE CORAL GABLES FL 33134	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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, ELLIOT 225 WEST WACKER DRIVE, SUITE 3000 CHICAGO IL 60606 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David Meyer 120S Sandra Ln. Monticello, Illinois 61856 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003224331--2 -04/26/00--01020--010 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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 David Meyer — 3-30-00 — 217-352-5315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #