

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006467

1. Entity Name

LIMITED EDITION REALTY COMPANY L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 AM 9:44

Principal Place of Business

8889 PELICAN BAY BLVD., SUITE 402
NAPLES FL 34108

Mailing Address

8889 PELICAN BAY BLVD., SUITE 402
NAPLES FL 34108-7512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609036

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

HAMILTON MANAGEMENT SERVICES, INC.
8889 PELICAN BAY BLVD., SUITE 403
NAPLES FL 34108

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
MGR
HAMILTON, LINDA
8889 PELICAN BAY BLVD., SUITE 403
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
nj 3/15/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KANTER, BURTON W
TWO N. LA SALLE STREET, SUITE 2200
CHICAGO IL 60602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COSTA, KERI
8889 PELICAN BAY BLVD., SUITE 402
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000003178707-3
-03/22/00--01003--019
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/23/00 (941) 597-7709

Date

Daytime Phone #

CR2E083 (9/99)