2001 UNIFORM BUSINESS REPORT (UBR)

FILED OI MAY -7 AM IO: 2 I SECRETARY OF STATE FALLAHASSEE, FLORIDA AM NELLS STREET, SUITE 600 CHCAGO IL 60610 AM NELLS STREET, SUITE 600 CHCAGO IL 60610 AMDIEGRAFIE SUITE 600 CHCAGO IL 60610 Develope Place of Business (ACOU CLACES CHCAGO IL 60610 Suite, April P. etic. Con NOT WRITE IN THIS SPACE A PER NUMBER OF THE STATE OF THE STATE OF THIS SPACE CON NOT WRITE IN THIS SPACE A PER NUMBER OF THIS SPACE CON NOT WRITE IN THIS SPACE CON N	200	UNIFORM BUS	INE22 KEPU	KI (ORK	ij	A	ND		
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CHCAGO IL 60810 2. Principal Piece of Business (GDD CLADES RONG) 2. Mailing Address Solo Art 8 of Solo Business (GDD CLADES RONG) 3. Mailing Address Solo Art 8 of Solo Business (GDS State) City 6 State City 6 State City 6 State Country S. Certificate of Status Desired S5.00 Address of State Name Name CT CORPORATION SYSTEM Country Name CT CORPORATION SYSTEM Country Since Address (P.O. Box Number is Nox Acceptable) Name Several Address (P.O. Box Number is Nox Acceptable) FL Zip Code R. The above remed entity submits this statement for the purpose of phanging its registered diffice or registered agent, or both, in the State of Found. SIGNATURE Special Type or preservines of supposed agent agent and the statement of the purpose of phanging its registered diffice or registered agent, or both, in the State of Found. SIGNATURE Special Address (P.O. Box Number is Nox Acceptable) FLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Name Special Address (P.O. Box Number is Nox Acceptable) Addition of the State of Found. Signature agent age	· ·			SUITE 620					
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 Symular, hoed or piness remored registered signet and the state specialists. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGR WANAGING MEMBERS / MEMBERS DITS 1-72P THE NAME SIREST ADDRESS CITY-51-72P THE		6. Name and Address of Current	Registered Agent	Name	7. Nam	e and Address of New Reg	istered Agent		
PLANTATION FL 33324 City FL Zip Cod	C T CORPORATION SYSTEM				dress (PO Box N	Jumber is Not Acceptable)	+ •		
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presed name of impairmed agent and title if impolicable. (HOTE Registered Agent Signature required then inconsisting) Date FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ######\$50, 00 4. ADDITIONS/CHANGES MANAGING MEMBERS/ MEMBERS 10. ADDITIONS/CHANGES MEFF, GARY MOR LEFF, GARY 40 N. WELLS, SUITE 620 CITY-ST-2P CHICAGO IL 60610 TITLE MAKE SIREET ADDRESS CITY-ST-2P Delete TITLE MAKE SIREET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P SI					1000 (annon in the result in the			
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11. I hereby certify that the information supplied with this filling 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 trusted employered to execute this report as required by Chapter 608. Florida Statutes.	CITY-ST-ZIP								
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APPROVE

4/30/01 312-645-1800

Date | Daytime Phone # 2000 SGOX (Tyrne REQUIRED SIGNATURE: SIGNATURE AND TYPED OF ARINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE