2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000154

1. Entity Name

SIGNATURE:

MAIN BASE DEVELOPMENT, L.L.C.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90004 039 ****50.00

Principal Place of Business Mailing Address										
200 WEST MADISON STREET. 37TH FLOOR CHICAGO IL 60606		200 WEST MADISON STREET. 37TH FLOOR CHICAGO IL 60606								
						13))				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	е	City & State			4. FEI Nun	nber 36-4340204		<u> </u>	pplied For	
Zip	Country	Zip	Count	ry	5. Certifica	te of Status Desired		5.00 Addee Require		
	6. Name and Address of Current I			7. Name a	nd Address of New Re	gistered A	gent			
CODDODATION CEDIACE COMPANY				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
	LAHASSEE FL 32301		Street Address			1.O. Box Number is Not Acceptable)				
IALI	DAINOOLL I'L GEGOT								ļ	
			ŀ	City				Zip Cod	e	
							FL	,	i	
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. I am familiar with, and accept the obligations of registered agent.										
the dungation of regional digent.										
SIGNATURE .	Signature, typed or printed name of registered agent a	Registered	Agent signature requi	red when reinstating)		DATE				
FILE NOW!!! FEE IS \$50.00										
Make Check Payable to Florida Department of State Due By May 1, 2003										
			y 1, 2005							
9.	MANAGING MEMBER		10.			ADDITIONS/C				
TITLE NAME	ORLANDO NAVAL INVESTORS, I	☐ Delete	TITLE	1				Change	☐ Addition	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FL			T ADDRESS					į	
CITY-ST-ZIP	CHICAGO IL 60606			ST-ZIP						
TITLE		☐ Delete	TITLE			, <u> </u>		☐ Change	☐ Addition	
NAME			NAMÉ							
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP .			CITY-:	ST-ZIP						
TITLE	to the state	Delete	₹ TITLE					Change	Addition .	
NAME			NAME	}						
STREET ADDRESS				T ADDRESS ST-ZIP						
CITY-ST-ZIP		——————————————————————————————————————	-	51-21					CT A 100	
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS				T ADDRESS					}	
CITY-ST-ZIP			CITY-S							
TITLE		☐ Delete	TITLE			,		☐ Change	Addition	
NAME			NAME						İ	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CTREET ADDRESS			NAME	T ADDDECC						
STREET ADDRESS CITY-ST-ZIP			STREE	F ADDRESS						
	artifut that the information according to the	this filing does not smallful.			Daniel 140 07/	W/A Classica Oct. 15. 15		5.4E.4.3		
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.										

TECUJOH Revin Poorman, VIce President

01/31/03

312/920-2400

Daytime Phone #