## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 28, 2003 8:00 am **Secretary of State** DOCUMENT # M0000002655 01-28-2003 90048 016 \*\*\*\*50.00 TOTAL EQUITY ONE, L.L.C. Principal Place of Business Mailing Address 210 WEST 22ND STREET, SUITE 115 210 WEST 22ND STREET. SUITE 115 OAK BROOK IL 60523 OAK BROOK IL 60523 2. Principal Place of Business 119365. RIDGEWAY 1936 S. RIDGEWAY Suite, Apt. #, etc. Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 36-4022361 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUILDER, J. LINDSAY JR. Street Address (P.O. Box Number is Not Acceptable) 369 N. NEW YORK AVENUE WINTER PARK FL 32789 City 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. I am familiar with, and accept the obligations of registered Agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM **MGRM** TITLE Delete TITLE Change ☐ Addition SHERWANI, MUSTAFA A.J NAME SHERWANI, MUSTAFA A.J. NAME 11936 S. RIDGEWAY, # 18 STREET ADDRESS 210 WEST 22ND STREET, SUITE 115 STREET ADDRESS ALSIP, IL. 60803 CITY-ST-7IP CITY-ST-7IP OAK BROOK IL 60523 MGRM MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE SHERWANI, NABEELA A. NAME SHERWANI, NABEELA A NAME 11936 S- RIDGEWAY, # 18 STREET ADDRESS STREET ADDRESS 210 WEST 22ND STREET, SUITE 115 60803 IL. CITY-ST-ZIP CITY-ST-7IP ALSIP OAK BROOK IL 60523 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DD F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP