

2002 UNIFORM BUSINESS REPORT (UBR)

7/23/2002-90344-035-\$50.00-\$50.00

DOCUMENT # M01000000278

1. Entity Name

SOUTHERN GARDENS AT LAKE ALFRED, L.L.C.

Principal Place of Business

2 N. LASALLE ST. STE. 1901
CHICAGO IL 60602

Mailing Address

2 N. LASALLE ST. STE. 1901
CHICAGO IL 60602

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number 36-4412289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
Lake Alfred Associates Limited Partnership, sole member/manager
2 N. LaSalle St. Suite 725
Chicago, IL 60602 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
Lake Alfred Associates, LLC, general partner
2 N. LaSalle St. Suite 725
Chicago, IL 60602 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
Zev Karkoni, sole member/manager
2 N. LaSalle St. Suite 725
Chicago, IL 60602 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Lake Alfred Associates Limited Partnership, its sole member.

SIGNATURE: Zev Karkoni SIGNATURE REQUIRED

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

7/15/02

(312) 855-0930

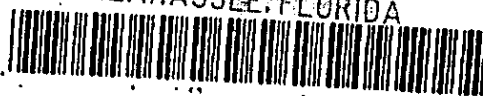
Date

Daytime Phone

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)