

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90079 042 ****50.00

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DOCUMENT # MO1000000443

1. Entity Name

REDMAN CHARTERS, L.L.C.



Principal Place of Business

**780 WEST BELDEN AVENUE, SUITE D
ADDISON IL 60101**

Mailing Address

**780 WEST BELDEN AVENUE, SUITE D
ADDISON IL 60101**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4427668**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLABEN, JERRY
7930 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name

FRED KLABEN

Street Address (P.O. Box Number is Not Acceptable)

31st BAYSHORE CIRCLE

City **PLACIDA**

FL

Zip Code **33946**

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

Fred J. Klaben

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KLABEN, FRED J**
STREET ADDRESS **780 WEST BELDEN AVENUE, SUITE D**
CITY-ST-ZIP **ADDISON IL 60101**

TITLE **MGR** ☒ Delete
NAME **LIZZADRO, JOHN**
STREET ADDRESS **2215 YORK ROAD, SUITE 304**
CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: *Fred J. Klaben* **SIGNATURE REQUIRED**

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

4/30/2003 944-698-0450

Date

Daytime Phone #

CR2E083 (10/02)