2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # MO1000001868 1. Entity Name WATERTON PARK, L.L.C.				FILED Apr 25, 2003 8:00 am Secretary of State	
				04-25-2003 90749 042 ****50.00	
Principal Plac 209 ORANGE VILMINGTON D	* **:	Mailing Address 1209 ORANGE ST. WILMINGTON DE 19801			61 1814 168 1
	lace of Business	3. Mailing Address	KUN ST		
Suite, Apt. #, etc. SN 172 1150		Suite, Apt. #, etc. SNTZ 1150		CHECK HERE IF MAKING CHANGES	
City & Stat	ho, IL	Chi (Mo) I	l	Not Not	lied For Applicable
(0) (e		60606	Country	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	7. Name and Address of New Registered Agent Name		
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
IAL	PHINOOLE I E 02001-2020		·	4	
The above named entity submits this statement for the purpose of changing its r		City	FL Zip Code		
The above	named antity submits this statement to	r the purpose of changing its	registered office or regis	stored agent, or both in the State of Florida. Lam familiar with a	nd accept
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its i	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, a	nd accept
the obligat			registered office or regis		nd accept
the obligat	ons of registered agent.	and title if applicable. (NOTE: FILE NO Make Check Payable	Registered Agent signature requi	uired when reinstating) DATE	nd accept
the obligat	ons of registered agent.	and title if applicable. (NOTE) FILE NO Make Check Payable Due	Registered Agent signature requipments FEE IS \$50.00 to Florida Departm	uired when reinstating) DATE	nd accept
the obligat SIGNATURE	MANAGING MEMBE D FEIST, RICHARD J 630 W. GERMANTOWN PIKE SL	FILE NO Make Check Payable CRS/MANAGERS Delete JITE 321	Registered Agent signature requipments of the Police to Florida Departments of the Po	DATE DO nent of State	nd accept
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YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date