LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

M01000001914

DOCUMENT # M01000001914

1. Entity Name

Southeast Restaruant Properties, LLC

DO NOT WRITE IN THIS SPACE

FILED
02 AUG -8 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600007018586--7
-08/09/02--01058--008
DO NOT WRITE IN THIS SPACE *****50.00 *****50.00

2. Principal Place of Business	3. Mailing Address
343 Wainwright Drive	343 Wainwright Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Northbrook, IL	City & State: Northbrook, IL
Zip: 60062 Country: USA	Zip: 60062 Country: USA

4. FEI Number: 36-4463336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Manager Bruce I. Goldstein 343 Wainwright Drive Northbrook, IL 60062	
Manager Milton P. Webster, III 19 Saddle Ridge Rd. Ossining, New York 10562	BK BK
Manager Gregg Schneider 3434 Vantage Lane Glenview, IL 60025	DO NOT WRITE
Manager Mark Schneider 520 Lake Cook Rd., Suite 105 Deerfield, IL 60015	IN THIS SPACE
Manager Neil Schneider 520 Lake Cook Rd., Suite 105 Deerfield, IL 60015	
Manager James Schneider 520 Lake Cook Rd., Suite 105 Deerfield, IL 60015	

CR2E083B (12/01)

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: _____ Aug. 6, 2002 347/509-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #