

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90393 010 \*\*\*\*50.00

DOCUMENT # M0100002099

1. Entity Name

KB Beachfront, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

221 North LaSalle Street

Suite, Apt. #, etc.

Suite 3700

City & State

Chicago, IL

Zip

60601

Country

USA

3. Mailing Address

104 Wilnot Road

Suite, Apt. #, etc.

Suite 350

City & State

Deerfield, IL

Zip

60015

Country

USA

4. FEI Number

36-4467155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**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  
Lisa Cutt Schor  
221 North LaSalle Street, Suite 3700  
Chicago, IL 60601

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CITY - ST - ZIP

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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)(f), 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:

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

Lisa Cutt Schor

04/25/02

Date

312-332-8000

Daytime Phone #