

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

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90095 031 \*\*\*\*50.00

**DOCUMENT #** M01000002760

**1. Entity Name**

L & M INVESTMENTS GROUP, L.L.C.

**DO NOT WRITE IN THIS SPACE**

B0042416

**2. Principal Place of Business**

300 E. Roosevelt Road

Suite, Apt. #, etc.

3rd Floor

City & State

Wheaton, IL

Zip

60187

Country

U.S.

**3. Mailing Address**

300 E. Roosevelt Road

Suite, Apt. #, etc.

3rd Floor

City & State

Wheaton, IL

Zip

60187

Country

U.S.

**4. FEI Number**

36-4482232

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Peter Savage

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

6530 Bottlebrush Lane

City

Naples

FL

Zip Code

34109

**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** MGR  
**NAME** Henry S. Stillwell III  
**STREET ADDRESS** 300 E. Roosevelt Road  
**CITY-ST-ZIP** Wheaton, IL 60187

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** MGR  
**NAME** R. Glen McMaster, Jr.  
**STREET ADDRESS** 100 W. 22nd Street, Suite 101  
**CITY-ST-ZIP** Lombard, IL 60148

**TITLE**  
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**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:**

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

Date

Daytime Phone #

CR2E083B (12/01)