

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021824

DOCUMENT # M02000002282

1. Entity Name

SL JUPITER HOLDINGS, L.L.C.



FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

111 EAST WACKER DR., STE. 2400
CHICAGO IL 60601

Mailing Address

111 EAST WACKER DR., STE. 2400
CHICAGO IL 60601

2. Principal Place of Business

111 E. WACKER DR.

Suite, Apt. #, etc.

2200

City & State

CHICAGO, IL

Zip

60601

Country

USA

3. Mailing Address

111 E. WACKER DR.

Suite, Apt. #, etc.

2200

City & State

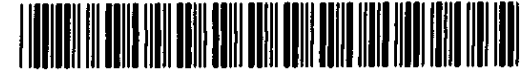
CHICAGO, IL

Zip

60601

Country

USA



9/30

CHECK HERE IF MAKING CHANGES

4. FEI Number

73-1655139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME K&K LIFESTYLE ASSOCIATES, L.L.C.
STREET ADDRESS 111 EAST WACKER DR., STE. 2400
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE MGR
NAME WHSLH REALTY, L.L.C.
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Wiley - B. K...
SIGNATURE REQUIRED

William Karan, Atty Rep.

9/21/03

312-
673-
4333

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

Date

Daytime Phone #

CR2E083 (4/03)