2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002555

1. Entity Name

WGFRR. L.L.C



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90213 033 ****50.00

	20			s .	
4. FEI Num	per 13-4211528	_		Applied For lot Applicable	 e
	e of Status Desired		\$5.00 Ad Fee Requir	dditional ed	
7. Ivaine an	d Address of New Re	gistered	Agent		
					~
O. Box Numb	er is Not Acceptable)		-	·	7
		F	Zip Cod	de	ľ
	th, in the State of Floric	da. I am	familiar with,	and accept	7
men reinstating)		DATE			1
t of State		-			
	ADDITIONS/CH	HANGES	3		1
			Change	Addition	1
			П.		
			Change	☐ Addition	
			Change	Addition	. ,

Wasbb	, L.L.U.						
Principal Place of Business 25 EAST WASHINGTON. SUITE 925 CHICAGO IL 60602		Mailing Address 25 EAST WASHINGTON. S CHICAGO IL 60602	25 EAST WASHINGTON, SUITE 925				
	Place of Business	3. Mailing Address					
217 N. Jefferson Street Suite, Apt. #, etc.		217 N. Jeffe: Suite, Apt. #, etc.	rson Street		serri aanii aarii sariis ilaal difili silat bili (ES)		
5th Flo				☐ CHECK HE	RE IF MAKING CHANGES		
City & St	ate	5th Floor City & State		4. FEI Number 13-4211	F00		
Chicago		Chicago, IL	<u></u>	4. FEI Number 13-4211	528 Applied For Not Applicat		
Zip 60661	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 · · · · ·		
00001	6. Name and Address of Current	60661	<u> </u>		Fee Required		
00		Trogistered Agent	Name	7. Name and Address of Nev	v Registered Agent		
103	ORPDIRECT AGENTS, INC. 3 NORTH MERIDIAN STREET LLAHASSEE FL 32301		Street Addre	ess (P.O. Box Number is Not Accepta	ole)		
	•						
			City		FL Zip Code		
8. The abov	e named entity submits this statement fo ations of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the State of I	Florida, I am familiar with, and accer		
ł					wall, and accep		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Pagistarad Saunt sings				
			: Registered Agent signature req		DATE		
]		Make Check Payable	W!!! FEE IS \$50.0	00			
{		Make Check Payabl	e to Florida Departr By May 1, 2003	ment of State			
9.	MANAGING MEMBE						
TITLE	MGRM	Delete	10.	ADDITION:	S/CHANGES		
NAME	WALLACH, DAVID T		NAME		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	986 VERNON		STREET ADDRESS				
	GLENCOE IL 60062		CITY-ST-ZIP		•		
TITLE NAME	GELEERD, JAMES D	☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS	1257 LYNN TERRACE		NAME				
CITY-ST-ZIP	HIGHLAND PARK IL 60035		STREET ADDRESS CITY-ST-ZIP				
TITLE	MGRM	☐ Delete		<u> </u>			
NAME	EZQUR, MICHAEL H		TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS	2360 WOODPATH		STREET ADDRESS				
CITY-ST-ZIP	HIGHLAND PARK IL 60035		CITY-ST-ZIP				
TITLE NAME	MGRM BRAUN, GREGORY A	☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS	706 11TH STREET		NAME				
CITY-ST-ZIP	WILMETTE IL 60091		STREET ADDRESS CITY-ST-ZIP		•		
TITLE	MGRM	☐ Delete					
NAME	Braun, Sherwin	Li Delete	TITLE Name		☐ Change ☐ Addition		
STREET ADDRESS	1221 BROOK LANE		STREET ADDRESS				
CITY-ST-ZIP	GLENVIEW IL 60025		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME		Change 🗀 Addition		
CITY-ST-ZIP			STREET ADDRESS				

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.

James D. Geleerd, Managing Member 01/15/03 **SIGNATURE**

Date