

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021695

DOCUMENT # M02000002789

1. Entity Name

RESERVE CAPITAL PARTNERS, L.L.C.

RCP Advisors, LLC



FILED

03 SEP 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

676 N. MICHIGAN AVE. SUITE 3110
CHICAGO IL 60611

676 N. MICHIGAN AVE. SUITE 3110
CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4465125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFARTH, ALWYN
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DANIS, TIMOTHY J
STREET ADDRESS 676 N. MICHIGAN AVE. SUITE 3110
CITY-ST-ZIP CHICAGO IL 60611

TITLE MGRM ☐ Change ☒ Addition
NAME Thomas P. Danis, Jr.
STREET ADDRESS 676 N. Michigan Ave, Ste 3110
CITY-ST-ZIP Chicago, IL 60611

TITLE MGR ☐ Delete
NAME WOLFARTH, ALWYN
STREET ADDRESS 817 BEACHLAND BLVD.
CITY-ST-ZIP VERO BEACH FL 32963

TITLE MGRM ☐ Change ☒ Addition
NAME William F. Souder
STREET ADDRESS 676 N. Michigan Ave, Ste 3110
CITY-ST-ZIP Chicago, IL 60611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700023393347
09/29/03--01029--018 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Timothy J. Danis
REQUIRED

9-19-03

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

Date

Daytime Phone #

CR2E083 (4/03)