


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|---------------------------------------|---------|--|---|-------------|
| DOCUMENT # M02000003369 | | | |  | |
| 1. Entity Name PERRY & ASSOCIATES, LLC | | | | | |
| Principal Place of Business 221 N. LASALLE STREET STREET, STE 425 CHICAGO, IL 60601-1206 | | | Mailing Address 221 N. LASALLE STREET STREET, STE 425 CHICAGO, IL 60601-1206 | | |
| 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 36-4255539 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL Zip Code |
| B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGRM | | <input type="checkbox"/> Delete | | |
| NAME | PERRY, CHRISTOPHER J | | | | |
| STREET ADDRESS | 221 N. LASALLE STREET STREET, STE 425 | | | | |
| CITY - ST - ZIP | CHICAGO, IL 606011206 | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Christopher J. Perry</u> (312) APR 21 2003 304-9112 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |