

# 2000 UNIFORM BUSINESS REPORT (UBR)

0018054 SP

DOCUMENT # M94000000044

1. Entity Name  
OAKLAND AVENUE COMPANY, L.L.C., LC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:20

Principal Place of Business  
C/O DAVID CRUMBAUGH  
35 WEST WACKER DRIVE  
CHICAGO IL 60601

Mailing Address  
C/O DAVID CRUMBOUGH  
SUITE 5800, SEARS TOWER  
CHICAGO IL 60606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3954763

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MARTIN, SNOW E JR.  
200 LAKE MORTON DR.  
LAKELAND FL 33801

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.

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 Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
CRUMBAUGH, DAVID  
35 WEST WACKER DRIVE  
CHICAGO IL 60601

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

mf 2/28/00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
CRUMBAUGH, WENDELL  
RURAL ROUTE #1  
LEROY IL 61752

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
KILLOREN, GLENN A  
560 SOUTH VERMONT STREET  
PALATINE IL 60067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003156458--8  
-03/03/00--01066--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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

SIGNATURE:

*David Crumbaugh, Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/11/2000

Date

(312) 876-7660

Daytime Phone #

CR2E083 (9/99)