

2nd NOTICE:

After October 8, 1997, if Dissolved, Minimum Amount
Due To Reinstate: \$703.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -7 PM 2: 30

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # M95000000257

ESTES GREEN, L.L.C.
1301 ESTES AVENUE
ELK GROVE VILLAGE IL 60007

1a. Principal Place of Business Address

1301 ESTES AVENUE
ELK GROVE VILLAGE IL 60007

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 09/01/1995
3a. State of Formation IL
4. FEI Number 36-4017747
☐ Applied For
☐ Not Applicable
5. Date of Last Report 04/18/1996
6. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	J.S.L.K. INC.,	1301 ESTES AVENUE	ELK GROVE VILLAGE IL 700002314117--2

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* KARP'S INC. MEMBER 8/29/97 847-593-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

M95000000257



ACCOUNT NO. : 072100000032

REFERENCE : 554503 4320611

AUTHORIZATION

Patricia P...

COST LIMIT : \$ ~~703.75~~

ORDER DATE : October 6, 1997

588.75

ORDER TIME : 10:0 AM

ORDER NO. : 554503-010

CUSTOMER NO: 4320611

CUSTOMER: Carlen Sellers, Legal Asst
Alzheimer & Gray
Suite 4000
10 South Wacker Drive
Chicago, IL 60606

ANNUAL REPORT FILING

NAME: ESTES GREEN, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DANIEL LEGGETT

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -7 PM 2:30

97 OCT -7 PM 11:36
DIVISION OF CORPORATIONS