


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999  |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE  |   |   |   |
| 1. Name and Mailing Address of Limited Liability Company<br><b>WARMAN OLSEN WARMAN L.L.C.<br/>27 EAST MONROE STREET, SUITE 1400<br/>CHICAGO IL 60603</b>  |   | 1a. Principal Place of Business Address<br><b>27 EAST MONROE STREET, SUITE<br/>CHICAGO IL 60603</b>   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Date Organized or Qualified<br><b>11/16/1995</b><br>4. FEI Number<br><b>36-4048319</b><br>5. Date of Last Report<br><b>04/20/1998</b>  | 3a. State of Formation<br><b>IL</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable<br>6. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent<br><b>WARMAN, RALPH E<br/>1029 BARCARMIL WAY<br/>NAPLES FL 34110</b>  |   | 8. Name and Address of New Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City Zip Code<br><b>FL</b>                         |   |
| 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.<br>SIGNATURE <u><i>Ralph E. Warman</i></u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing) DATE <u><b>3/31/99</b></u>   |   |   |   |
| 10. Title   | Managing Members/Managers   | Business Street Address   | City, State and Zip Code  |
| MGRM  | WARMAN, RALPH   | <del>9853 N. TAMiami TRAIL, SUITE 1400</del><br><b>1029 BARCARMIL WAY</b>   | NAPLES FL<br><b>4000002853074--2</b><br><b>-04/27/99--01073--012</b><br><b>***188.75 ***188.75</b><br><b>4-23-99</b>  |
| 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.<br>SIGNATURE: <u><i>Ralph E. Warman</i></u> <b>3/31/99</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER |   |   |   |