

# 2000 UNIFORM BUSINESS REPORT (UBR)

0015461 AF

DOCUMENT # M96000000094

1. Entity Name  
HYPERPRESS RIDGE LIMITED LIABILITY COMPANY, L.C.

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3925 WEST 43RD STREET  
CHICAGO IL 60632

Mailing Address  
3925 WEST 43RD STREET  
CHICAGO IL 60632-3411

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

36-2946858

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BROCK, GARY VAN  
12040 TIFFANY WAY  
TEQUESTA FL 33469

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, 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**

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

MGRM  
DORNER, GREGG H  
3925 WEST 43RD ST.  
CHICAGO IL 60632 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

MGR  
GRAHAM, VINCENT J JR  
3925 WEST 43RD ST.  
CHICAGO IL 60632 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

dec

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Vincent J. Graham, Jr.

4/4/00

773-523-5000

Date

Daytime Phone #

CR2E083 (9/99)