

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000152

1. Entity Name

203 TRUMAN L.L.C.

FILED

01 JAN 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

440 SOUTH LA SALLE ST., SUITE #15103
CHICAGO IL 60605

Mailing Address

440 SOUTH LA SALLE ST., SUITE #15103
CHICAGO IL 60605

2. Principal Place of Business

3. Mailing Address

440 S. LA SALLE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15103

City & State

City & State

CHICAGO, ILLINOIS

Zip

Country

Zip

Country

60605

USA

4. FEI Number

36-4087175

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 MGRM
STREET ADDRESS ALBIERO, GREG
CITY-ST-ZIP 440 S. LA SALLE ST., SUITE #15103
CHICAGO IL 60605 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003575009--1
CITY-ST-ZIP -01/25/01--01080--027
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Ang Albiero 1/14/01 3123624050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)