

FILED
Mar 31, 2003 8:00 am
Secretary of State

02-05-2003 90039 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/5

DOCUMENT # M97000000152

1. Entity Name
203 TRUMAN L.L.C.



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**

00000001



2. Principal Place of Business

3. Mailing Address
203 LLC %Phillip G. Neal

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3639 N. Sheffield #3

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Chicago, IL

4. FEI Number **36-4087175**

Applied For

Not Applicable

Zip

Country

Zip

Country

60613

USA

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Albiero Greg % Phillip G. Neal
3639 North Sheffield, #3, Chgo, IL 60613** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same 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 Chapter 608, Florida Statutes.

SIGNATURE:

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

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/03 773 281-4870

CR2083 (10/02)