

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000185**

1. Entity Name

ROSENTHAL COLLINS SECURITIES, L.L.C.

Principal Place of Business

**216 W. JACKSON BLVD., SUITE 300A
CHICAGO IL 60606**

Mailing Address

**216 W. JACKSON BLVD., SUITE 300A
CHICAGO IL 60606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**VON LUTZOW, RALPH
1100 SOUTH TAMiami TRAIL, #305 B
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
Ralph VonLutzow
Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd.
Suite # **2178**
City
Sarasota FL Zip Code
34231

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

Ralph R. vonLutzow
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALL, THOMAS
216 W. JACKSON BLVD., SUITE 300A
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VOGEL, RICHARD
216 W. JACKSON BLVD., SUITE 300A
CHICAGO IL 60606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

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

TITLE
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS J. WALL

REQUIRED

7-19-01

312-795-7600

FILED

01 AUG 13 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CH2E083 (5/01)

STATE CHECK REF.