

2001 UNIFORM BUSINESS REPORT (FEB)

0027019 AF

DOCUMENT # M97000000298

1. Entity Name

HOLLINEE, L.L.C.

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25 WEST SKIPPACK PIKE, SUITE 203 BROAD AXE PA 19002-5152	Mailing Address 25 WEST SKIPPACK PIKE, SUITE 203 BROAD AXE PA 19002-5152
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2. Principal Place of Business 28001 W. Concrete Drive Suite, Apt. #, etc.	3. Mailing Address 28001 W. Concrete Drive Suite, Apt. #, etc.
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City & State Ingleside, IL Zip 60041 Country USA	City & State Ingleside, IL Zip 60041 Country USA
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4. FEI Number 23-2900291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DANIEL P 25 WEST SKIPPACK PIKE, SUITE 203 BROAD AXE PA 19002-5152 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASSLER, JOHN H JR. 25 WEST SKIPPACK PIKE, SUITE 203 BROAD AXE PA 19002-5152 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLE, DANIEL G 231 SOUTH LASALLE STREET, 7TH FLOOR CHICAGO IL 60697 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAMADA, KEITH H 231 SOUTH LASALLE STREET, 7TH FLOOR CHICAGO IL 60697 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DANIEL P 28001 W. Concrete Drive Ingleside, IL 60041 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORENZ, ERIC J. 28001 W. Concrete Drive Ingleside, IL 60041 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100002911521-03/27/01-01029-013 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 John H. Hassler, Jr. 02/26/01 (215) 628-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)