## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97	000000312			· ·				}
1. Entity Name PACE MANAGEMENT COMPANY	OF ILLINOIS, L.L.C.			1	FIL	_ED		2
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Principal Place of Business	Mailing Address	Mailing Address  LAKEVIEW AT CALUSA TRACE APARTMENTS 18101 CALUSA TRACE BLVD.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
LAKEVIEW AT CALUSA TRACE APARTMENTS 18101 CALUSA TRACE BLVD.								
LUTZ FL 33549	LUTZ FL 33549-2761			1111	18 <b>0</b> 01 11 <b>0 10</b> 11 1 <b>00</b> 11 <b>00</b> 11 <b>0</b>	);)) <b>38</b> )); <b>38</b> ))) <b>38</b> ))) <b>3</b>	<b></b>	
2. Principal Place of Business	3. Mailing Address	<del>_</del>	· ·					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	City & State		<del></del>	4. FEi Num	nber 00 4400040		Apr	olied For
Zip Country	Zip	Cour	ntrv		36-4106213	\$5.0	Not OO Addi	Applicable
			····,		ate of Status Desired	Fee	Required	J ,
6. Name and Address of Cu	rrent Hegistered Agent		Name		nd Address of New F			
CT CORPORATION SYSTEM			Street Addre	dress (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					1		_	
Bullimon   E oook			City			FL 2	Zip Code	,
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NO	OTE: Registere	ed Agent signature req	quired when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered		NOW!!!	FEE IS \$50.0	00		DATE		
Signature, typed or printed name of registered	FILE I	NOW!!!	FEE IS \$50.0 to Departmen	00	ADDITIONS			
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Date

Daytime Phone #