2001	UNIFOR	M BUSINES	S REPORT	(UBR)
			O III OII I	10011

SIGNATURE:

DOCU	MENT # M970	00000312				. przed 1575A.:			000
•	ANAGEMENT COMPANY O	F ILLINOIS, L.L.C.				ED			ર્
				<u> </u>	JAN 2	9 AM 10: 30			
LAKEVIEW AT CALUSA TRACE APARTMENTS 18101 CALUSA TRACE BLVD.		Mailing Address LAKEVIEW AT CALUSA TI 18101 CALUSA TRACE BI LUTZ FL 33549	Mailing Address LAKEVIEW AT CALUSA TRACE APARTMENTS SEC 18101 CALUSA TRACE BLVD. TAEL			RETARY OF STATE AHASSEE. FLORIDA			
2. Principal Place of Business . 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e ,	City & State	City & State			4. FEI Number 36-4106213 Applied For Not Applicable			
Zip	Country	Zip	Zip Count		5. Certi	ficate of Status Desired	\$5.00 **	ditional	
	6. Name and Address of Current	Registered Agent		Maria	7. Nam	e and Address of New Registe	red Agent		<u> </u>
CT CODE	DODATION EVETEN			Name					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324		,				·			1
			4	City	· · · · · · · · · · · · · · · · · · ·	· .	FL Zip Cod	le	1
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistere	ed office or registe	red agent,		· -		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature require	d when reinstati	200	ATE		
					***************************************				1
		FILE NO Make Check Pay		FEE IS \$50.00 o Department o	of State				
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHAN			<u> </u>
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM Delete KOHL, ROBERT A 875 NORTH MICHIGAN AVENUE, SUITE 3245 CHICAGO IL 60611			E Et address -st-zip		50000363 -02/05/01 *****50.	01012	Addition 	RZE083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTIS, HOWARD E 7366 NORTH LINCOLN AVENUE LINCOLNWOOD IL 60646	Delete					☐ Change -	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP	(•	CITY-	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete		1		W	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition	
11. I hereby c	ertify that the information supplied with on this report is true and accurate and oilify company or the receiver or trustee	this filing does not qualify for that my signature shall have the empowered to execute this re	he exer	notion stated in Se	ection 119.0 nade under ter 608, Flo	07(3)(i), Florida Statutes. I furthe oath; that I am a managing merida Statutes.	r certify that the ir ember or manage	nformation r of the	

INTED NAME SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE