LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
05-12-2002 90589 026 ****50.00

DOCUMENT # M97000000641

1. Entity Name

INSITE WEST PALM BEACH, L.L.C.

DO NOT WRITE IN THIS SPACE

41849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1603 WEST SIXTEENTH STREET Suite, Apt. #, etc.	1603 WEST SIXTEENTH STREET Suite, Apt. #, etc.
City & State: OAK BROOK, ILLINOIS	City & State: OAK BROOK, ILLINOIS
Zip: 60523 Country: USA	Zip: 60523 Country: USA

4. FEI Number: 36-4184673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 526 E. PARK AVENUE

City: TALLAHASSEE FL 32301

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: Lisa M. Vaughn Asst. Sec. NRAI Services, Inc. 8-12-02
Signature, typed or printed name of registered agent and date if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOSTELNY, GERALD J. 1603 WEST SIXTEENTH STREET OAK BROOK, ILLINOIS 60523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CUNNINGHAM, DAVID E. 1603 WEST SIXTEENTH STREET OAK BROOK, ILLINOIS 60523
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CR2E083B (12/01)

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: DAVID E. CUNNINGHAM, MANAGER 4/29/02 630/617-9100
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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Attachment

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	KOSTELNY, GERALD J.
STREET ADDRESS	1603 WEST SIXTEENTH STREET
CITY-ST-ZIP	OAK BROOK, ILLINOIS 60523
TITLE	MGR
NAME	CUNNINGHAM, DAVID E.
STREET ADDRESS	1603 WEST SIXTEENTH STREET
CITY-ST-ZIP	OAK BROOK, ILLINOIS 60523

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

Attachment

49849

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 16, 2002

INSITE WEST PALM BEACH, L.L.C.
1603 WEST SIXTEENTH STREET
OAK BROOK, IL 60523

Subject: **INSITE WEST PALM BEACH, L.L.C.**

Reference Number: **M97000000641**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JC
ANNUAL REPORTS SECTION

RECEIVED
MAY 29 2002
By