

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

MAY 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000696

1. Entity Name
HOMETOWN LAKE VILLAGE GP, L.L.C.

Principal Place of Business

70 W. MADISON ST., SUITE 4030
CHICAGO IL 60602

Mailing Address

70 W. MADISON ST., SUITE 4030
CHICAGO IL 60602-4292

NEW
Address



2. Principal Place of Business

150 N. Wacker Dr.

Suite, Apt. #, etc.

#800

City & State

Chicago, IL

Zip

60606

Country

3. Mailing Address

150 N. Wacker Dr.

Suite, Apt. #, etc.

#800

City & State

Chicago, IL

Zip

60606

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4119308

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME QUAZZO, STEPHEN R
STREET ADDRESS 6671 SOUTHWEST FREEWAY #200
CITY-ST-ZIP HOUSTON TX 77047 ☒ Delete

TITLE MGR
NAME QUAZZO, STEPHEN R
STREET ADDRESS 70 WEST MADISON, SUITE 4030
CITY-ST-ZIP CHICAGO IL 60602 ☒ Delete

TITLE MGR
NAME ROWE, RANDALL K
STREET ADDRESS 70 WEST MADISON, SUITE 4030
CITY-ST-ZIP CHICAGO IL 60602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Hometown America, L.L.C.
STREET ADDRESS 150 N. Wacker Drive, Suite 800
CITY-ST-ZIP Chicago, IL 60606 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003282691-8
06/09/00-01063-019
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
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

MANAGER

Date

Daytime Phone #

00144M1

CR2E 783 (9/95)