2000	UNIFORM BUSII	NESS REPO	RT (ŲBI	R)	APPROVED AND	all in	
DOCU	MENT # M9700	0000696	LEW 3		FILED		
1. Entity Nam	<sub>le</sub> Wn lake village gp, l.l.(		e		CO MAY 24 AM 9:	50	
. :	, - &		_		SECRETARY OF STALL AHASSEE, FLO	ATE RIDA	
Principal Plac	e of Business	Mailing Address			THE ABBOOKER ES	,,,,,,,,	
70 W. MADIS	ON ST. GUITE 4000 NEW	70 W. MADISON ST., SUR CHICAGO IL COCC2 4292	<del>E 4990 -</del>		<i>;</i> ,	•	
•	(Address)						
2. Principal P	Place of Business	3. Mailing Address	- Dr		(		IA 0111 IBBI
Suite, Apt.		Suiter Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & State	go, 1L	Chicago. I		4. FEIN	36-4119308	— <del>— · · ·</del>	ed For applicable
Zip DloD	Country	Zip 60606	Country		icate of Status Desired	\$5.00 Addition	onal
	6. Name and Address of Current Re	egistered Agent	Name_	7. Name	and Address of New Register	ed Agent	
CT CORP	ORATION SYSTEM		Street A	ddress (P.O. Box N	umber is Not Acceptable)	er e e e e e e e e e e e e e e e e e e	· , <u>-</u>
	JTH PINE ISLAND ROAD			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
PLANIAII	ON FL 33324		City			Zip Code	
8. The above	named entity submits this statement for the	he purpose of changing its	registered office of	registered agent, o	or both, in the State of Florida.	<u> </u>	
							1
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signat	ure required when reinstati	ng) DA	TE .	
SIGNATURE .	Signature, typed or printed name of registered agent and	, FILE NO	W!!! FEE IS \$	50.00	19) DA	TE.	
SIGNATURE .	Signature, typed or printed name of registered agent and		W!!! FEE IS \$	50.00	7	, ,	
9.		FILE NO Make Check Pay S/MEMBERS	OW!!! FEE IS \$ yable to Depart	550.00 ment of State	ADDITIONS/CHAM	SES	Adrillion
う。 (3.1 m) 24. (数.1 m)	MANAGING MEMBER MGR QUAZZO, STEPHEN R	FILE NO Make Check Pay	OW!!! FEE IS \$ yable to Depart	MARM.	ADDITIONS/CHAM	GES Change [	Addition
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Date

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