

2000 UNIFORM BUSINESS REPORT (UBR)

0016203 AB

DOCUMENT # M98000000352

1. Entity Name
PREMIERE IV, L.L.C.

APPROVED
AND
FILED

00 MAR 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/7



Principal Place of Business

2500 GALEN DRIVE
CHAMPAIGN IL 61821

Mailing Address

2500 GALEN DRIVE
CHAMPAIGN IL 61821-7038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1365918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE
NAME MGR ☐ Delete
STREET ADDRESS COZAD/WESTCHESTER AGRICULTURAL ASSET MGMT
CITY-ST-ZIP 2500 GALEN DRIVE
CHAMPAIGN IL 61821

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100003207511--0
CITY-ST-ZIP -04/13/00--01078--013
*****50.00 *****50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Stuart T. Meacham, Secretary
CAM Firm Partner of C/W

3/20/00

Date

217-356-8363

Daytime Phone #

CR2E083 (9/99)