

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90162 048 \*\*\*\*50.00

**DOCUMENT #** M98000000352

1. Entity Name

PREMIERE IV, LLC

**DO NOT WRITE IN THIS SPACE**

B0049252

2. Principal Place of Business

2501 GALEN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2501 GALEN DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CHAMPAIGN, IL

City & State

CHAMPAIGN, IL

4. FEI Number

37-1365918

Applied For

Not Applicable

Zip

61821

Country

Zip

61821

Country

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

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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.

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 COZAD/WESTCHESTER AGRICULTURAL ASSET MANAGEMENT PARTNERSHIP 2501 GALEN DRIVE, CHAMPAIGN, IL 61821	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

*Stuart T. Meacham*

Stuart T. Meacham, Secretary  
Cozad Asset Mgmt. Inc. Partner  
of C/W Ag. Asset Management

2/26/02

217-356-8363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)