

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90135 021 ****50.00

DOCUMENT # M98000000357

1. Entity Name
ALLIANCE RESIDENTIAL MANAGEMENT, L.L.C.



Principal Place of Business
2400 AUGUSTA DRIVE, SUITE 374
HOUSTON TX 77057

Mailing Address
104 WILMOT ROAD
SUITE 350
DEERFIELD IL 60015

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

135 Revere Drive

Suite, Apt. #, etc.

City & State

City & State
Northbrook, IL

4. FEI Number **76-0500967**

Applied For

Not Applicable

Zip

Country

Zip
60062

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHOR, LISA CUTT
13 MOATE LANE
BARRINGTON HILLS IL 60010

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
IVANKOVICH, ANTHONY D
526 WOODLAND DRIVE
GLENVIEW IL 60025

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

Anthony D. Ivankovich

Anthony D. Ivankovich, Manager

847-562-1400

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

Date

Daytime Phone #

CR2E083 (10/02)