

2000 UNIFORM BUSINESS REPORT (UBR)

0015409 AF

DOCUMENT # M98000000444

1. Entity Name
PARKSIDE SENIOR SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10: 59

Principal Place of Business Mailing Address
5215 OLD ORCHARD ROAD, SUITE 700 5215 OLD ORCHARD ROAD, SUITE 700
SKOKIE IL 60077-1045 SKOKIE IL 60077-1045



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4201705 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T 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 NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
MEM MCCARTHY, MICHAEL S
5215 OLD ORCHARD ROAD, SUITE 700
SKOKIE IL 60077-1045
MEM MCCARTHY, EDWARD Q
5215 OLD ORCHARD ROAD, SUITE 700
SKOKIE IL 60077-1045
MEM ABRAMS, WILLIAM J
5215 OLD ORCHARD ROAD, SUITE 700
SKOKIE IL 60077-1045
☒ Delete
TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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: Michael S. McCarthy 1-27-00 847-779-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)