

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028094 AF

DOCUMENT # M98000000444

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

FILED

01 FEB 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
5215 OLD ORCHARD ROAD, SUITE 700  
SKOKIE IL 60077-1045

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MCCARTHY, MICHAEL S 5215 OLD ORCHARD ROAD, SUITE 700 SKOKIE IL 60077-1045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/MBR McCarthy, Michael S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ME, RREEF VenCap, and PSS Parkside (collectively, the "Members") of Parkside Senior Services, L.L.C. 5215 Old Orchard Road, Ste. 700 Skokie, IL 60077-1045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MCCARTHY, EDWARD Q 5215 OLD ORCHARD ROAD, SUITE 700 SKOKIE IL 60077-1045 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003782671-03 <input type="checkbox"/> Change <input type="checkbox"/> Addition -02/27/01--01080--023 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael S. McCarthy 1-23-01 847-779-8501

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

Date

Daytime Phone #

CR2E083 (11/00)