

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000563

1. Entity Name

HOMETOWN WHISPERING PINES GP, L.L.C.

Principal Place of Business

C/O TRANSWESTERN INVESTMENT COMPANY L.L.C.  
70 WEST MADISON STREET, SUITE 4030  
CHICAGO IL 60602

Mailing Address

C/O TRANSWESTERN INVESTMENT COMPANY L.L.C.  
70 WEST MADISON STREET, SUITE 4030  
CHICAGO IL 60602-4232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 N. Wacker Drive

3. Mailing Address

150 N. Wacker Drive

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number

36-4196688

Applied For

Not Applicable

Zip

60606

Country

USA

Zip

60606

Country

USA

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 MGR  
STREET ADDRESS HOMETOWN AMERICA COMMUNITIES, INC.  
CITY- ST- ZIP 70 WEST MADISON STREET, SUITE 4030  
CHICAGO IL 60602 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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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 150 N. Wacker Drive Suite 800  
CITY- ST- ZIP Chicago IL 60606

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003259290--9  
CITY- ST- ZIP -05/19/00--01078--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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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.  
Hometown America Communities, Inc., its Managing Member

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)