

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000596

1. Entity Name

ELAN HOME SYSTEMS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 24 AM 11:40

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

2428 PALUMBO DRIVE
LEXINGTON KY 40509-1117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1287629

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 MGR ☐ Delete
NAME MONTGOMERY, M. MEAD
STREET ADDRESS 560 GREEN BAY ROAD, SUITE 301
CITY-ST-ZIP WINNETKA IL 60093

TITLE MGR ☐ Delete
NAME FARINELLI, ROBERT P
STREET ADDRESS 2428 PALUMBO DRIVE
CITY-ST-ZIP LEXINGTON KY 40509

TITLE MGR ☐ Delete
NAME SHELTON, DAVID R
STREET ADDRESS 560 GREEN BAY ROAD, SUITE 301
CITY-ST-ZIP WINNETKA IL 60093

TITLE MGR ☐ Delete
NAME STARKEY, PAUL E
STREET ADDRESS 2428 PALUMBO DRIVE
CITY-ST-ZIP LEXINGTON KY 40509

TITLE MGR ☐ Delete
NAME TURNER, H. ALVAN
STREET ADDRESS 560 GREEN BAY ROAD, SUITE 301
CITY-ST-ZIP WINNETKA IL 60093

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: X

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

2/16/00

Date

(606) 269-7760

Daytime Phone #

CR2E083 (9/99)