

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001135

1. Entity Name

BYHALL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business

Mailing Address

c/o CMS/Byron Hall, L.P.  
1996 S. Kirk Road, Ste. 320  
Geneva, IL 60134

2. Principal Place of Business

1996 S. Kirk Rd., #320

Suite, Apt. #, etc.

G

City & State

Geneva, IL 60134

Zip

60134

Country

COOK

3. Mailing Address

c/o Thomas F. Brett, II

Suite, Apt. #, etc.

161 N. Clark St., #3100

City & State

Chicago, IL 60601

Zip

60601

Country

COOK

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2634414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

The Prentice Hall System, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

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  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager**  
**CMS/Byron Hall, L.P.**  
**1996 S. Kirk Rd., #320, Chg, IL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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.

**CMS/Byron Hall, Inc., GP of the Manager**  
**By: Thomas F. Brett, II, Secretary**

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (11/99)