

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001135

1. Entity Name

ByHall, LLC

Principal Place of Business  
1996 S. Kirk Street  
Ste. #320  
Geneva, Illinois

Mailing Address  
Same

2. Principal Place of Business  
1996 S. Kirk Street

3. Mailing Address

Suite, Apt. #, etc.  
#320

Suite, Apt. #, etc.

City & State  
Geneva, Illinois

City & State

Zip  
60134

Country  
US

Zip

Country

4. FEI Number  
752634414

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Prentice Hall Corporation  
1201 Hays Street  
Tallahassee, FL 32301

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 CMS Byron Hall, L.P. *mgrm* ☐ Delete  
STREET ADDRESS 1996 S. Kirk Street Ste. 320  
CITY-ST-ZIP Geneva Illinois 60134

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
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.

SIGNATURE

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

Thomas F. Brett II, Asst. Secretary of Manager

Date

Daytime Phone #

312-  
977-4400

APPROVED  
AND  
FILED

01 JUL -9 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (11/00)