

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014091 AF

DOCUMENT # M98000001161

1. Entity Name  
MHC NAPLES ESTATES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:30

Principal Place of Business

~~C/O ANN M. SCHNEIDER~~  
2 N. RIVERSIDE PLAZA, SUITE 1600  
CHICAGO IL 60606

Mailing Address

~~C/O ANN M. SCHNEIDER~~  
2 N. RIVERSIDE PLAZA, SUITE 1600  
CHICAGO IL 60606-2603



2. Principal Place of Business

c/o Jennifer Usher  
Suite, Apt. #, etc. 800

3. Mailing Address

c/o Jennifer Usher  
Suite, Apt. #, etc. 800

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

36-4282509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311

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  
MGRM  
MHC OPERATING LIMITED PARTNERSHIP  
STREET ADDRESS  
2 N. RIVERSIDE PLAZA, SUITE 1600  
CITY-ST-ZIP  
CHICAGO IL 60606

☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
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.

SIGNATURE:

By: *[Signature]* REQUIRED

3/8/00

312/279-1400

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

Date

Daytime Phone #