


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 MAR 17 PM 1:53

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M98000001297**  
 HORSE COUNTRY, L.L.C.  
 180 NORTH WACKER DRIVE, SUITE 500  
 CHICAGO IL 60606

1a. Principal Place of Business Address  
 180 NORTH WACKER DRIVE, SUIT  
 CHICAGO IL 60606

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/05/1998	IL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	36-4254974	5. Date of Last Report
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent  
 LEXIS DOCUMENT SERVICES, INC.  
 3953 W.W. KELLEY ROAD  
 TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc
City
Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reconstituted)  
 DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SHAFFER, JOHN E	180 NORTH WACKER DRIVE, SU	CHICAGO IL
MGR	MANOFSKY, CARL	180 NORTH WACKER DRIVE, SU	CHICAGO IL
MGR	COLLINS, E. THOMAS	180 NORTH WACKER DRIVE, SU	CHICAGO IL
MGR	LUBY, TIMOTHY J	180 NORTH WACKER DRIVE, SU	CHICAGO IL

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 \*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *[Handwritten Signature]* 2/24/99 (312)332-3555