

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014083 AF

DOCUMENT # **M98000001297**

1. Entity Name  
**HORSE COUNTRY, L.L.C.**

**FILED**

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606	Mailing Address 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606-1604
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>36-4254974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.**  
3953 W.W. KELLEY ROAD  
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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SHAFFER, JOHN E 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MANOFSKY, CARL 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COLLINS, E. THOMAS 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LUBY, TIMOTHY J 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** Date: **3/29/00** Daytime Phone #: **(312) 332-3555**

CR2E083 (9/99)