

2001 UNIFORM BUSINESS REPORT (UBR)

0027795 AF

DOCUMENT # M98000001297

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:49

Principal Place of Business
**180 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606**

Mailing Address
**180 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4254974**

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

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
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 **MGR SHAFFER, JOHN E** Delete
STREET ADDRESS **180 NORTH WACKER DRIVE, SUITE 500**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **MGR MANOFSKY, CARL** Delete
STREET ADDRESS **180 NORTH WACKER DRIVE, SUITE 500**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

400003887804-3
-03/20/01--01030--010
*******50.00 *****50.00**

TITLE NAME **MGR COLLINS, E.THOMAS** Delete
STREET ADDRESS **180 NORTH WACKER DRIVE, SUITE 500**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **MGR LUBY, TIMOTHY J** Delete
STREET ADDRESS **180 NORTH WACKER DRIVE, SUITE 500**
CITY-ST-ZIP **CHICAGO IL 60606**

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
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 REQUIRED**

2/9/01 (312) 332-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

John E. Shaffer, Manager

CR2E083 (11/00)