

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90238 047 ****50.00

DOCUMENT # M980000001297 ✓

1. Entity Name

Horse Country, LLC

\$43354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % HSA

180 N. Wacker Dr.

Suite, Apt. #, etc.

Suite 500

City & State

Chicago, IL

Zip

60606

Country

USA

3. Mailing Address % HSA

180 N. Wacker Dr.

Suite, Apt. #, etc.

Suite 500

City & State

Chicago, IL

Zip

60606

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4254974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lexis Document Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 W.W. Kelley Road

City

Tallahassee

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGR</u>	TITLE	
NAME	<u>Shaffer, John E</u>	NAME	
STREET ADDRESS	<u>180 N. Wacker #500</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Chicago, IL 60606</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>Manofsky, Carl</u>	NAME	
STREET ADDRESS	<u>180 N. Wacker #500</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Chicago, IL 60606</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>Collins, E. Thomas, Jr.</u>	NAME	
STREET ADDRESS	<u>919 N. Michigan Ave #510</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Chicago, IL 60611</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>Luby, Timothy J.</u>	NAME	
STREET ADDRESS	<u>180 N. Wacker #500</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Chicago, IL 60606</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

JOHN E. SHAFFER, MGRM

April 3, 2002
Date

Daytime Phone #

CR2E083B (12/01)