

**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 <u>96 HSA</u> <u>180 N. Wacker Dr.</u> Suite, Apt. #, etc. <u>Suite 500</u> City & State <u>Chicago, IL</u> Zip <u>60606</u> Country <u>USA</u>		3. Mailing Address <u>96 HSA</u> <u>180 N. Wacker Dr.</u> Suite, Apt. #, etc. <u>Suite 500</u> City & State <u>Chicago, IL</u> Zip <u>60606</u> Country <u>USA</u>	
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4. FEI Number <u>36-4254974</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Lexis Document Services, Inc.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3953 W.W. Kelley Road</u>
City <u>Tallahassee</u> FL Zip Code <u>32301</u>

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 _____ DATE _____

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

**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)(j), 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

(312)
April 3, 2002 332-3555
Date Daytime Phone #

CR2E083B (12/01)