

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 2:22

DOCUMENT # M98000001415
1. Entity Name
INLAND SHELTER GROUP, L.L.C.

Principal Place of Business Mailing Address
555 SUN VALLEY DRIVE, SUITE N3B 555 SUN VALLEY DRIVE, SUITE N3B
ROSWELL GA 30076 ROSWELL GA 30076-5609

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-2158942 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

TITLE NAME	MGRM LAZARUS, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	555 SUN VALLEY DRIVE, SUITE N3B	
CITY - ST - ZIP	ROSWELL GA 30076	
TITLE NAME	MGRM BAUM, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK IL 60523	
TITLE NAME	MGRM GUJRAL, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK IL 60523	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

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

mf 2/23/00

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*****50.00 *****50.00

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* **Barry L. Lazarus** Date: **2/10/2000** Daytime Phone #: **(770) 643-6910**

CR2E083 (9/99)