

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90589 029 ****50.00

DOCUMENT # M99000000124

1. Entity Name

INSITE COCONUT CREEK, L.L.C.

DO NOT WRITE IN THIS SPACE

957872

2. Principal Place of Business

1603 WEST SIXTEENTH STREET

Suite, Apt. #, etc.

3. Mailing Address

1603 WEST SIXTEENTH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAK BROOK, ILLINOIS

City & State

OAK BROOK, ILLINOIS

4. FEI Number

36-4266975

Applied For

Not Applicable

Zip

60523

Country

USA

Zip

60523

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **NRAI SERVICES, INC.**

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

526 E. PARK AVENUE

City **TALLAHASSEE**

FL

32301e

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

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

KOSTELNY, GERALD J.

1603 WEST SIXTEENTH STREET

OAK BROOK, ILLINOIS 60523

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

CUNNINGHAM, DAVID E.

1603 WEST SIXTEENTH STREET

OAK BROOK, ILLINOIS 60523

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

DAVID E. CUNNINGHAM, MANAGER

4/29/02

630/617-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)