2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am Secretary of State DOCUMENT # M9900000678 03-13-2002 90018 033 ****50.00 HOMETOWN PINE RIDGE, L.L.C. Principal Place of Business Mailing Address 150 N. WACKER DRIVE. SUITE 600 150 N. WACKER DRIVE, SUITE 600 B0042168 CHICAGO IL 60606 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address N. Wacker Dr. <u> 150 N. Wacker Dr., </u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4196688 <u>Chicago,</u> Not Applicable <u>Chicago.</u> Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 60606 USA 60606 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Addition Delete ☐ Change CR2E083 (9/01 NAME HOMETOWN AMERICA, L.L.C. NAME STREET ADDRESS 150 N. WACKER DRIVE, STE 600 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Richard G. Cline,

499.3610