

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001085

1. Entity Name  
INSITE PALM BEACH, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10:02

Principal Place of Business Mailing Address  
1603 W SIXTEENTH ST 1603 W SIXTEENTH ST  
OAK BROOK IL 60523 OAK BROOK IL 60523

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 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
NRAI SERVICES, INC.  
526 E PARK AVENUE  
TALLAHASSEE FL 32301

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/MANAGERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR KOSTELNY, GERALD J 1603 W SIXTEENTH ST OAK BROOK IL 60523  
MGR RASH, ROBIN 1603 W SIXTEENTH ST OAK BROOK IL 60523  
MGR CUNNINGHAM, DAVID E 1603 W SIXTEENTH ST OAK BROOK IL 60523

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600003354036-4  
-08/11/00-01080-014  
\*\*\*\*\*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: X SIGNATURE REQUIRED 7/20/00 630.617.9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)