

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

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 028 ****50.00

DOCUMENT # M99000001499 ✓

1. Entity Name

HSA-LM, LLC

DO NOT WRITE IN THIS SPACE

945372

2. Principal Place of Business % HSA Commercial, Inc. Suite, Apt. #, etc. 180 N. Wacker Dr. #500		3. Mailing Address % HSA Commercial, Inc. Suite, Apt. #, etc. 180 N. Wacker Dr. #500	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country USA	Zip 60606	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-4311669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

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	MGRM John E. Shaffer 180 N. Wacker Dr. #500 Chicago, IL 60606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert E. Smietana 180 N. Wacker Dr. #500 Chicago, IL 60606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephen J. Tinsley 321 N. Clark St. #1010 Chicago, IL 60610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:

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

JOHN E. SHAFFER, MGRM

Date

Daytime Phone #

4/30/02 312-332-3555

CR2E083B (12/01)