## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: HArr

100LU	MENT	# 84000	00001505					FILED		
Entity Nam	IVIIII 🗗	# · WI990	00001505				በበ A	DD 17 AM	10. Ch	
ARBOR	BLUFFS \	VENTURE, LLC						PR 17 AM		
,							SEC	RETARY OF AHASSEE, F	STATE	
incipal Plac	e of Business		Mailing Address Clo	Dolar			FALE	4114225FF. F	CORIDA	
			2275 HALF DAY ROAD	2275 HALF DAY ROAD						
NNOCKBUR	IN IL 60015		BANNOCKBURN IL 6001:	5-1217						
Principal P	Place of Busine	ess	3. Mailing Address	ociat	es Itd	- III	<b>                                    </b>	IA <b>Bu</b> rki <b>bo</b> kii <b>ab</b> iila <b>bo</b> ki	<b>                                    </b>	(1 8616) 8111 1861
Suite, Apt. #, etc.		c/o Dolan Associates, Ltd.  Suite, Apt. #, etc. 2275 Half Day Road			┨.	DO N	OT WRITE IN THIS	SPACE		
					MWY		234477			
City & Stat	te	<b>-</b>	City & State Bannockburn	Tilin	oi:e:	4. FEI Nu	mber APPL	IED FOR		Applied For Not Applicabl
Zip		Country	Zip	Coun	ntry	5 Certific	ate of Status D	esired	\$5.00 A	dditional
	6 Nome	and Address of Current	60015	La	ke			f New Registered	Fee Requi	red
	o. Name	and Address of Current	negistered Agent		Name	7. INDIIIO	and Address C		Agoin	
STRUMPF,	, JILL				Street Addres	s (P.O. Box Nu	mber is Not Ac	ceptable)		
314 SOUTH MISSOURI AVE., SUITE 305									* ***	
CLEARWA	TER FL 337	56							1 7:- C	-de
										oae
		submits this statement for	or the purpose of changing if		City ed office or regis			<b>F</b> ate of Florida.	<del>-</del> 1	
			t and title if applicable. (NC	TE: Registere	ed office or regis	ired when reinstating		ate of Florida.	<u>-</u>   '	
GNATURE .		or printed name of registered agent	t and title if applicable. (NC , FILE N , Make Check P	IOW!!!	ed office or regis ad Agent signature requirement FEE IS \$50.0	ired when reinstating	)	ate of Florida.	<u>-</u>	
			t and title if applicable. (NC , FILE N , Make Check P	TE: Registere	ed office or regis  id Agent signature requ  FEE IS \$50.0  O Department	ired when reinstating	ADD	ate of Florida.  DATE  OTTIONS/CHANGE	S Change	Addition
GNATURE .	Signature, typed of	MANAGING MEME	t and title if applicable. (NO FILE N Make Check P BERS/MEMBERS	OTE: Registere	ed office or regis  Agent signature requ  FEE IS \$50.0  O Department	ired when reinstating	ADD	ate of Florida.  DATE  DITIONS/CHANGE	S Change	Additio
GNATURE .	MGRM BLUFFCO, 2275 HALF	or printed name of registered agent	t and title if applicable. (NO FILE N Make Check P BERS/MEMBERS	iOW!!! layable t	ed office or regis  id Agent signature requ  FEE IS \$50.0  O Department	ired when reinstating	ADD	ate of Florida.  DATE  OTTIONS/CHANGE	S	• □ Addition □ □
GNATURE .  LE  ME  REET ADURESS  Y-ST-ZIP	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	t and title if applicable. (NO FILE N Make Check P BERS/MEMBERS	iOW!!! layable t	ed office or regis ad Agent signature requ FEE IS \$50.0 to Department  E HE	ired when reinstating	ADD	DATE DITIONS/CHANGE	S	☐ Addition () ——()()() 5 **\$(),()()
GNATURE .  LE ME LEFT ADDRESS Y-ST-ZIP LE ME	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	. FILE N Make Check P BERS/MEMBERS	IOW !!!    ayable t	ed office or regis  d Agent signature requ  FEE IS \$50.0  O Department  E  HE  HE  HE  HE  HE  HE  HE  HE  HE	ired when reinstating	ADD	DATE DITIONS/CHANGE	s □ Change ロ 1 2 -01115	☐ Addition () ——()()() 5 **\$(),()()
GNATURE .  LE  ME  REET ADURESS	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	. FILE N Make Check P BERS/MEMBERS	IOW !!!   layable t	ed office or regis  d Agent signature requ  FEE IS \$50.0  O Department  E  HE  HE  HE  HE  HE  HE  HE  HE  HE	ired when reinstating	) ADD 2001	DATE DITIONS/CHANGE	s □ Change ロ 1 2 -01115	• □ Additio ○
CONATURE .  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	. FILE N Make Check P BERS/MEMBERS	IOW !!!   layable t  10. TITL NAM STRI CITY TITL NAM STRI CITY	ed office or regis  Agent signature requ  FEE IS \$50.0  O Department  E  E  E  E  E  E  E  E  E  E  E  E  E	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	s □ Change ロ 1 2 -01115	Addition
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME RET ADDRESS Y-ST-ZIP LE ME	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS  Delote	IOW !!!     ayable t	ed office or regis  Agent signature requ  FEE IS \$50.0  O Department  E  E  E  E  E  E  E  E  E  E  E  E  E	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change ( ) 1 2 2 - 11 1 1 5 ( ) ※**	Addition
GNATURE .  LE ME REET ADURESS Y-ST-ZIP LE ME REET ADORESS	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS  Delote	IOW !!!   layable t   10.   111.   11	ed office or regis  Agent signature requ  FEE IS \$50.0  O Department  LE  AE  EET AUDRESS  1-\$T-ZIP  LE  AE  EET ADDRESS  1-\$T-ZIP  LE  AE  EET ADDRESS  1-\$T-ZIP	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change	Addition
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS  Delote	IOW !!!   ayable t	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change ( ) 1 2 2 - 11 1 1 5 ( ) ※**	Addition
GNATURE .  LE ME LEET ADDRESS Y-ST-ZIP	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS Delote Delote	IOW !!!   ayable t	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change	Addition
GNATURE .  LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS ME LEET ADDRESS	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS Delote Delote	IOW !!!   ayable t	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change ( ) 1 2 2 1 1 1 1 5 1	Addition
GNATURE .  LE ME HEFT ADDRESS Y-ST-ZIP LE ME HEFT ADDRESS Y-ST-ZIP LE HEFT ADDRESS Y-ST-ZIP LE HEFT ADDRESS Y-ST-ZIP LE	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS Delote Delote	IOW !!!   ayable t	ed office or regis  ad Agent signature requis  FEE IS \$50.0  TO Department  E  RE  RE  RE  RE  RE  RE  RE  RE  RE	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change	Addition
GNATURE .  LE  ME REET ADURESS Y-ST-ZIP  LE  ME REET ADORESS	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE Make Check P BERS/MEMBERS Delote Delote Delote	TE: Registere  10.  110.  1111.  NAM  STRI  CITY  TITL  NAM	ed office or regis  ad Agent signature requis  FEE IS \$50.0  TO Department  E  RE  RE  RE  RE  RE  RE  RE  RE  RE	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change ( ) 1 2 2 1 1 1 1 5 1	Addition
GNATURE .  LE ME LEET ADDRESS Y-ST-ZIP	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS Delote Delote Delote	IOW !!!   ayable t	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	Change   Change   Change   Change	Addition  Addition
LE ME REET ADDRESS Y-ST-ZIP LE	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE Make Check P BERS/MEMBERS Delote Delote Delote	TE: Registere  10.  10.  TITL  NAM  STRI  CITY  TITL  NAM  STRI  ST	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	S Change ( ) 1 2 2 1 1 1 1 5 1	Addition  Addition
LE ME REET ADDRESS Y-ST-ZIP	MGRM BLUFFCO, 2275 HALF	MANAGING MEME INC.	FILE N Make Check P BERS/MEMBERS Delote Delote Delote	IOW III I I I I I I I I I I I I I I I I	ed office or regis  ad Agent signature required to the signature requi	0 c of State	) ADD 2001	DATE DITIONS/CHANGE	Change   Change   Change   Change	Additio