2000 UNIFORM BUSINESS REPORT (UBR)										APPROVE	, (1).	
DOCUMENT # M9900001552 1. Entity Name										APPROVE AND FILED	<i>t</i>)	
TVO SAV	ANNAH LLC								UU SEP	27 AM 0		
Principal Place of Business Mailing Address								7.7	ALLAHA	ARY OF STO	TE	
70 EAST LAKE STREET. SUITE 600 70 EAST LAKE STREET. CHICAGO IL 60601 CHICAGO IL 60601				Suite 60	. 00					ARY OF STA		
2. Principal Place of Business 3. Mailing Address				,								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e		City & State				4. FEI Number APPLIED FOR Applied For Not Applicable					
Zip Country			Zip	try		5. Certificate of Status Desired						
	6. Name and A	ddress of Current Regi	stered Agent				7. Name	and Address of	New Regist	ered Agent		
					Name Lexis	s Doo	cumen	t Services	Inc.			
		ESEARCH, LTD., INC.	•		Street Add	dress (P.	ss (P.O. Box Number is Not Acceptable)					
	's street, suit Ssee FL 32301	C #2			3953	W7. Y	. W. Kelley Road					
TALLAHASSEE PL S2SUT					City	_	Llahassee FL Zip Code 32311					
· · · · · · · · · · · · · · · · · · ·												
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9-26-00 SIGNATURE Structure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										VC.		
	·		FILE NO Make Check Pay		FEE IS \$5(o Departmo		State					
9.		MANAGING MEMBERS/	MANAGERS	10.				ADDI	TIONS/CHAI	VGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVANNAH MANAGING MEMBER, INC. 70 EAST LAKE STREET, SUITE 600 CHICAGO IL 60601				E E ET ADORESS -ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS: CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					90000	1340	Change	Addition	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP			☐ Delete						7.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						7 28-C	Addition	
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. BY: SAVANNAH MANACENG MEMBER, INC., Manager												
SIGNATURE: Signature and typed or Printed name of signing Manager on Manager Date Date Date Date Date Date Date Date									133			

SCHOOL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MANAGER

Daniel J. Gumbiner, Vice President

ACCOUNT HEIMG COMENSHEET	(2)
легенее: <u>2024406-2</u> (5ш лесоине)	
DATE: <u>9-27</u>	
REQUESTOR HARE: Lexis Duckment Services	
ADDIUGGS I. SECRE	, · · · · ·
CONDOUNTION NAME: TVO Savannah / C	FIGURE 1
CORPORNITION HAME: TVO Savannah LLC	<u>.</u> 3
M99 - 1552 900003407299	2
AUTHORIZATION: Cyrillian J. Worklyand	er .
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9)	•.

Market of

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