

30066559

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001552			
1. Entity Name TVO SAVANNAH LLC			
Principal Place of Business 70 EAST LAKE STREET, SUITE 600 CHICAGO, IL 60601		Mailing Address 70 EAST LAKE STREET, SUITE 600 CHICAGO, IL 60601	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-2930769		Applied For Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY RD. TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when certifying)			
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAVANNAH MANAGING MEMBER, INC. 70 EAST LAKE STREET, SUITE 600 CHICAGO, IL 60601 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 606, Florida Statutes.			
SIGNATURE: Cheryl Charnas		4/22/03 312553 1133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E083 (10/02)