

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001687

1. Entity Name
LEXFORD PROPERTIES MANAGEMENT, LLC

FILED

00 APR 21 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606
Mailing Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606-2609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. Atten: L. Currie
3. Mailing Address: Suite, Apt. #, etc. Atten: L. Currie

4. FEI Number: 36-4323439 APPLIED FOR
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: LEXIS DOCUMENT SERVICES, INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311
7. Name and Address of New Registered Agent: Name, Street Address, City, State (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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAL, YASMINA		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCK, SHELLEY L		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAGER, MARK		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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 608, Florida Statutes.

SIGNATURE: Signature DATE: 4/20/00 DAYTIME PHONE #: 312.928-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)

ACCOUNT FILING COVER SHEET

Ch

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2022386
(Sub Account)

DATE: 4-21

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Lexford Properties Management, LLC

DOCUMENT NUMBER: M99-1687
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard
C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
00 APR 21 AM 11:30
After 4:30
Pick Up