

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001727

1. Entity Name
HOMETOWN CHERON, L.L.C.

Principal Place of Business Mailing Address
HOMETOWN AMERICA COMMUNITIES, INC. HOMETOWN AMERICA COMMUNITIES, INC.
150 N. WACKER DRIVE SUITE 800 150 N. WACKER DRIVE SUITE 800
CHICAGO IL 60606 CHICAGO IL 60606

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 36-4196688 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New 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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOMETOWN AMERICA COMMUNITIES, INC.
STREET ADDRESS 150 N. WACKER DRIVE, SUITE 800
CITY-ST-ZIP CHICAGO IL 60606

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS 600004540696--8
CITY-ST-ZIP -08/17/01--01086--002
1008.75 **50.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS \$50.00
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

8/8/01 3124991900

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CR2E083 (5/01)

STAPLE CHECK HERE

FILED
01 AUG 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE