LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90407 029 ****50.00

DOCUMENT # M99000001959

1. Entity Name
SAHTOOMA, LLC

DO NOT WRITE IN THIS SPACE

967972

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2. Principal Place of Business	3. Mailing Address
5400 BROKEN SOUND BLVD NW	161 N. CLARK STREET
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.: STE. 2600
City & State: BOCA RATON, FL	City & State: CHICAGO, IL
Zip / Country	Zip / Country

4. FEI Number: 36-4331562 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JEFFREY LEVITETZ 5400 BROKEN SOUND BLVD., N.W. #100 BOCA RATON, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALVATORE RICCIARDI 5400 BROKEN SOUND BLVD., N.W. #100 BOCA RATON, FL 33487
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CR2E083B (12/01)

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: _____ 5/12/02 312/621-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #