

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 06, 2003 8:00 am  
Secretary of State

03-06-2003 90001 039 \*\*\*\*50.00

**DOCUMENT # M99000000749**

1. Entity Name

142 BISCAYNE ASSOCIATES, L.L.C.



Principal Place of Business

ONE IBM PLAZA, SUITE 2630  
CHICAGO IL 60611

Mailing Address

ONE IBM PLAZA, SUITE 2630  
CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4293519**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<p><input type="checkbox"/> Delete</p> <p>NAME: <b>MGRM</b></p> <p>STREET ADDRESS: <b>142ND STREET ASSOCIATES, L.P.</b></p> <p>CITY-ST-ZIP: <b>1 IBM PLAZA, SUITE 2630 CHICAGO IL 60611</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>NAME: <b>MGRM</b></p> <p>STREET ADDRESS: <b>IRP 142 BISCAYNE SPECIAL MEMBER, L.L.C.</b></p> <p>CITY-ST-ZIP: <b>676 N MICHIGAN AVE., SUITE 3350 CHICAGO IL 60611</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		
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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: *Austin Feederquist* Secretary - 142nd Street Corp - G.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: 2/27/03 Daytime Phone

006717  
CR2E083 (10/02)