



April 16, 2018

RECEIVED

APR 17 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street,
2nd Floor
Springfield, Illinois 62761

Re: Renewal of a Permit-10-065-Park Pointe - South Elgin Healthcare and Rehabilitation Center

Ms. Olson:

We are respectfully requesting a "Renewal of a Permit" regarding the above cited property.

- 1.) The requested completion date is now May 2020.
- 2.) The project status is that entitlements have been obtained and architectural/engineering drawings are complete through final design. (See Attachment labeled Exhibit 1)
- 3.) The reason for the delay in the project is directly related to financing and changes in the Primary Market Area (PMA) At the date of issue of the CON permit, the project had the necessary approvals to obtain an allocation of bonds in the amount of \$15,444,500. However, given the environment in the capital markets at the time, we were unsuccessful in securing a financial institution to provide the necessary credit enhancement that would allow us to sell the bonds in the marketplace. As such, the bond commitment expired. Subsequent to their expiration, we had preliminarily obtained debt financing for the project through the EB5 Regional Center for permit #10-065 in the amount of \$22,200,000 to develop the Skilled Nursing Facility. Upon final market analysis and appraisal it was found that several of the facilities in the PMA were failing operationally. This was in large part due to mismanagement and/or functionally obsolete facilities. Upon receipt of the analysis and change in the PMA, the project had to be re-evaluated once again and the debt financing expired. We have now been successful in obtaining private funds for this project.

800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

(630) 793-9231 (630) 793-9413

www.horizonhcc.net

EXHIBIT 1

Project Costs and Sources of Funds vs Costs to Date

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds				
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL	Costs to Date
Preplanning Costs	\$ 44,240	\$ 11,760	\$ 56,000	\$ 40,650
Site Survey and Soil Investigation	\$ 7,900	\$ 2,100	\$ 10,000	\$ 5,500
Site Preparation	\$ 395,000	\$ 105,000	\$ 500,000	\$ -
Off Site Work	\$ 316,000	\$ 84,000	\$ 400,000	\$ -
New Construction Contracts	\$ 10,724,764	\$ 2,850,887	\$ 13,575,650	\$ -
Modernization Contracts	\$ -	\$ -	\$ -	\$ -
Contingencies	\$ 703,175	\$ 186,920	\$ 890,096	\$ -
Architectural/Engineering Fees	\$ 518,559	\$ 137,845	\$ 656,404	\$ 580,000
Consulting and Other Fees	\$ 1,631,620	\$ 433,722	\$ 2,065,342	\$ 658,750
Movable or Other Equipment (not in construction contracts)	\$ 1,142,571	\$ 303,721	\$ 1,446,292	\$ -
Bond Issuance Expense (project related)	\$ 474,000	\$ 126,000	\$ 600,000	\$ -
Net Interest Expense During Construction (project related)	\$ 1,028,580	\$ 273,420	\$ 1,302,000	\$ -
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 165,900	\$ 44,100	\$ 210,000	\$ 100,000
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 5,009,420	\$ 1,331,618	\$ 21,711,784	\$ 1,384,900
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL	TOTAL
Cash and Securities	\$ -	\$ -	\$ -	\$ -
Pledges	\$ -	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ 15,444,500	\$ 4,105,500	\$ 19,550,000	\$ -
Mortgages	\$ -	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -	\$ -
Other Funds and Sources - Land Value, Dev Fee	\$ 1,707,809	\$ 453,975	\$ 2,161,784	\$ 1,384,900
TOTAL SOURCES OF FUNDS	\$ 17,152,309	\$ 4,559,475	\$ 21,711,784	\$ 1,384,900

Form **LLC-35.40/
45.65** July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdrivocillinois.com

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act
Application for Reinstatement Following
Administrative Dissolution or Revocation

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$200

Approved:

FILE # 03376362

This space for use by Secretary of State.

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:

SOUTH ELGIN REAL HEALTHCARE & REHABILITATION CENTER, LLC

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: ILLINOIS

4. Date Notice of Dissolution or Revocation issued: 03/08/2013

5. Registered agent: JAMES S. HARKNESS

First Name

Middle Initial

Last Name

Registered office: 1001 WARRENVILLE ROAD, STE 500

Number

Street

Suite #

(P.O. Box alone or
c/o is unacceptable.)

LISLE

IL

60532

City

ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, 2018

Month/Day

Year

Signature

Kim Westerkamp - Manager

Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.

Form **LLC-5.25**
July 2017

Illinois
Limited Liability Company Act
Articles of Amendment

FILE # 03376362

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC

2. Articles of Amendment effective on:

the file date

a later date (not to exceed 30 days after the file date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

a) Admission of a new manager (give name and address below)*

b) Withdrawal of a manager (give name below)

c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)

d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable)

e) Change in the Limited Liability Company's name (give new name below)**

f) Change in date of dissolution (state perpetual or date of dissolution below)

g) Establish authority to issue series (fee \$300, see NOTE)

h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

b. Lewis Borsellino

c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

d. James S Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532

**New name of LLC (as changed): _____

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. I affirm under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month/Day Year

Signature

Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Form **LLC-1.36/1.37**

July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Illinois
Limited Liability Company Act
**Statement of Change of Registered
Agent and/or Registered Office**

FILE # 03376362

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Filing Fee: \$25
Penalty (See Note 1 on page 2.):
Approved:

1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC

2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change):

Registered agent: NATIONAL REGISTERED AGENTS
First Name Middle Name Last Name

Registered office: 200 W ADAMS ST STE 2007
Number Street Suite No. (P.O. Box alone is unacceptable)
CHICAGO IL 60606
City ZIP Code

3. Name and address of registered agent and registered office shall be (after all changes herein reported):

Registered agent: JAMES S HARKNESS
(See notes) First Name Middle Name Last Name

Registered office: 1001 WARRENVILLE ROAD, STE 500
(See notes) Number Street Suite No. (P.O. Box alone is unacceptable)
LISLE IL 60532
City ZIP Code

4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

5. The above change was authorized by: (check one box only)

- a. the members or managers.
- b. action of the registered agent. (See Note 5 on page 2.)

6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

NOTES

1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
3. The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered office address is limited to 30 characters including spaces. Consult USPS.com for help with standard formatting and abbreviations.
4. A Limited Liability Company cannot act as its own registered agent.
5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

Form **LLC-50.1**

July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376362

Due prior to: 09/01/2012

This space for use by Secretary of State

Type or print clearly

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City State ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:
Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376362
Due prior to: 09/01/2013

Secretary of State
Department of Business Services
Limited Liability Division
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Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

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Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
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Dated: _____ 2018
Month/Day Year
Kim Westerkamp
Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form **LLC-50.1**

July 2017

Secretary of State
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 Limited Liability Division
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Illinois
 Limited Liability Company Act
Annual Report

Type or print clearly.

Filing Fee: \$75
 Series Fee, if required:
 Penalty:
 Total:
 Approved:

FILE # 03376362

Due prior to: 09/01/2014

This space for use by Secretary of State

1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City State ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City, State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

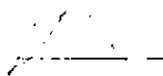
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois</u>	<u>60137</u>
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____
<small>Name</small>	<small>Number & Street</small>	<small>City, State ZIP</small>
_____	_____	_____

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year



Signature

Kim Westerkamp, Manager

Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376362
Due prior to: 09/01/2015

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

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Type or print clearly.

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

This space for use by Secretary of State

1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER LLC

Registered agent: James S Harkness

Registered office: 1001 Warrenville Road Ste 500, Lisle IL 60532
Number Street Suite City ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218 Glen Ellyn, Illinois 60137
Number Street Suite City, State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

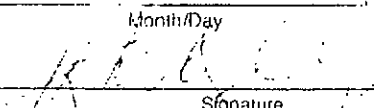
Name	Number & Street	City, State	ZIP
Kim Westerkamp	800 Roosevelt Road, Building E, Suite 218	Glen Ellyn, Illinois	60137

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
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A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year


Signature

Kim Westerkamp Manager
Name and Title (type or print)

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376362
Due prior to: 09/01/2016

Secretary of State
Department of Business Services
Limited Liability Division
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Approved:

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Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road Ste 500, Lisle IL 60532
Number Street Suite City State ZIP

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Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Name	Number & Street	City State	ZIP

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Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376362
Due prior to: 09/01/2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm 351
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Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City ZIP

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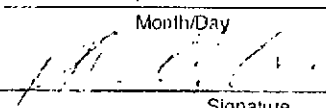
Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Name	Number & Street	City, State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218</u>	<u>Glen Ellyn, Illinois</u>	<u>60137</u>

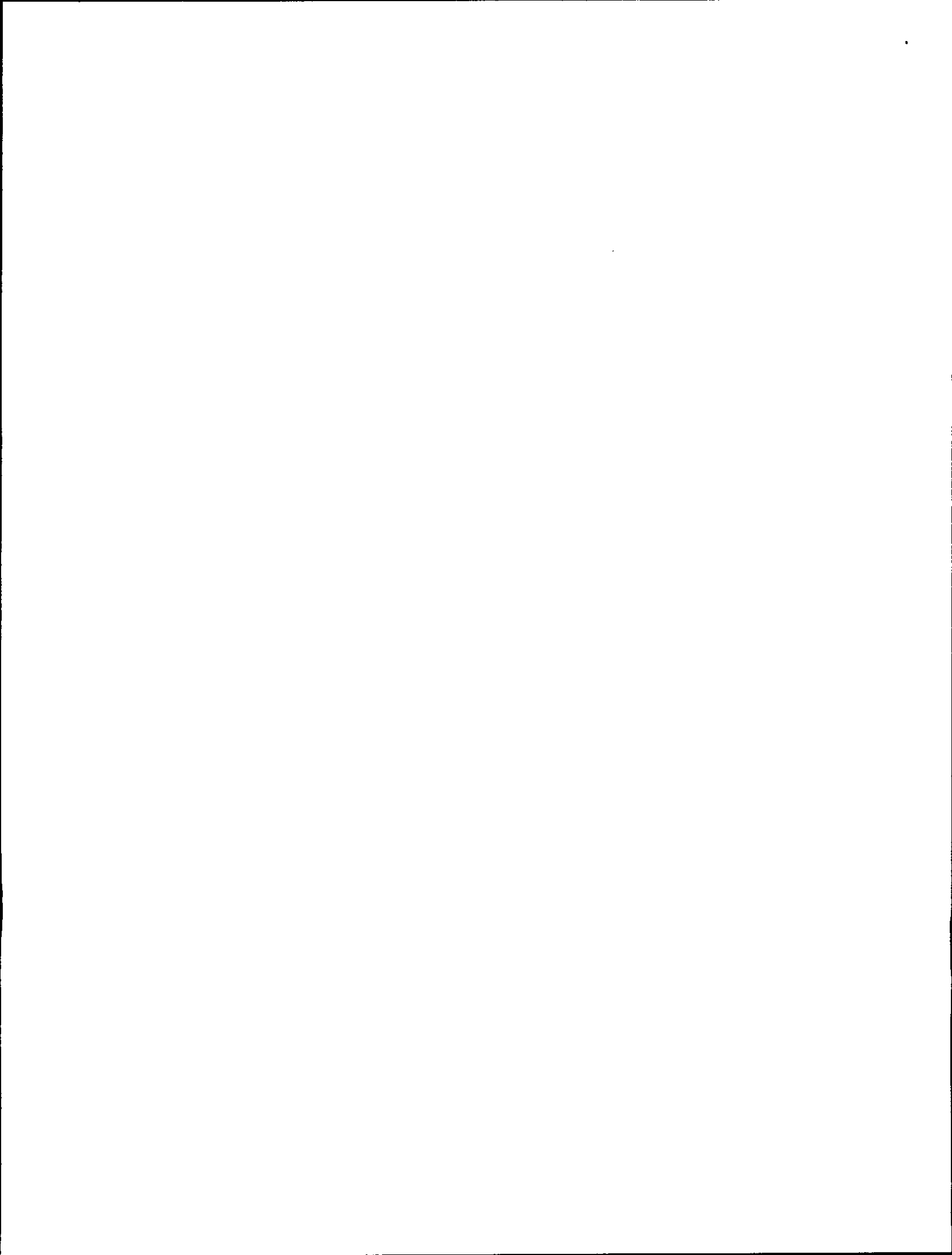
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Dated: 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity state name of company or entity.



Form **LLC-35.40/
45.65** July 2017

Illinois
Limited Liability Company Act
Application for Reinstatement Following
Administrative Dissolution or Revocation

FILE # 03376354
This space for use by Secretary of State

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Filing Fee: \$200
Approved:

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:
PRISM SOUTH ELGIN REAL HOLDINGS 1, LLC

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: ILLINOIS

4. Date Notice of Dissolution or Revocation issued: 03/08/2013

5. Registered agent: JAMES S HARKNESS
First Name Middle Initial Last Name

Registered office: 1001 WARRENVILLE ROAD, STE 500
Number Street Suite #

(P.O. Box alone or c/o is unacceptable.) LISLE IL 60532
City ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month/Day Year

[Signature]
Signature
Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

Form **LLC-5.25**
July 2017

Illinois
Limited Liability Company Act
Articles of Amendment

FILE # 03376354

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC

2. Articles of Amendment effective on:

the file date

a later date (not to exceed 30 days after the file date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

a) Admission of a new manager (give name and address below)*

b) Withdrawal of a manager (give name below)

c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)

d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable)

e) Change in the Limited Liability Company's name (give new name below)**

f) Change in date of dissolution (state perpetual or date of dissolution below)

g) Establish authority to issue series (fee \$300, see NOTE)

h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

b. Lewis Borsellino

c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

d. James S Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532

**New name of LLC (as changed): _____

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: _____, 2018
 Month:Day Year

 Signature

Kim Westerkamp - Manager
 Name and Title (type or print)

 If applicant is signing for a company or other entity,
 state name of company or entity

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Form **LLC-1.36/1.37**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Statement of Change of Registered Agent and/or Registered Office

FILE # 03376354

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$25
Penalty (See Note 1 on page 2.):
Approved:

1. Limited Liability Company name: PRISM SOUTH EGIN REAL ESTATE HOLDINGS 1, LLC

2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change):

Registered agent: NATIONAL REGISTERED AGENTS
First Name Middle Name Last Name
Registered office: 200 W ADAMS ST STE 2007
Number Street Suite No. (P.O. Box alone is unacceptable)
CHICAGO IL 60606
City ZIP Code

3. Name and address of registered agent and registered office shall be (after all changes herein reported):

Registered agent: JAMES S HARKNESS
(See notes) First Name Middle Name Last Name
Registered office: 1001 WARRENVILLE ROAD, STE 500
(See notes) Number Street Suite No. (P.O. Box alone is unacceptable)
LISLE IL 60532
City ZIP Code

4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

5. The above change was authorized by: (check one box only)
a. the members or managers.
b. action of the registered agent. (See Note 5 on page 2.)

6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

NOTES

1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
3. The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered office address is limited to 30 characters including spaces. Consult USPS.com for help with standard formatting and abbreviations.
4. A Limited Liability Company cannot act as its own registered agent.
5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354
Due prior to: 09/01/2012

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Type or print clearly

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

This space for use by Secretary of State.

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1 LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle, IL 60532
Number Street Suite City State ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City, State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218</u>	<u>Glen Ellyn, Illinois</u>	<u>60137</u>

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: 7/11/2018
Month/Day Year
[Signature]
Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354
Due prior to: 09/01/2013

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Type or print clearly.

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

This space for use by Secretary of State

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC

Registered agent: James S Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

<u>Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137</u>			
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year

[Signature]
Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354
Due prior to: 09/01/2014

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Type or print clearly

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

Use this space for use by Secretary of State

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road Ste 500, Lisle IL 60532
Number Street Suite City ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218 Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City, State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road Building E Suite 218</u>	<u>Glen Ellyn, Illinois</u>	<u>60137</u>
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form

LLC-50.1

July 2017

Secretary of State

Department of Business Services

Limited Liability Division

501 S. Second St., Rm. 351

Springfield, IL 62756

217-524-8008

www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354

Due prior to: 09/01/2015

This space for use by Secretary of State

Type or print clearly.

Filing Fee: \$75

Series Fee, if required:

Penalty:

Total:

Approved:

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLCRegistered agent: James S HarknessRegistered office: 1001 Warrenville Road Ste 500 Lisle IL 60532
Number Street Suite City State ZIP2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)

800 Roosevelt Road, Building E, Suite 218 Glen Ellyn Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Name	Number & Street	City, State	ZIP
Kim Westerkamp	800 Roosevelt Road, Building E, Suite 218	Glen Ellyn, Illinois	60137

(Add additional sheets of this size if more space is needed.)

5. Managers other than a natural person affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.38/1.37.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018

Month/Day

Year

Signature

Kim Westerkamp, Manager

Name and Title (type or print)

If applicant is a company or other entity state name of company or entity.

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354
Due prior to: 09/01/2016

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Type or print clearly

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

This space for use by Secretary of State

- Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC
Registered agent: James S. Harkness
Registered office: 1001 Warrenville Road, Ste 500, Elise IL 60532
Number Street Suite City State ZIP
- State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010
- Address of principal place of business: (P.O. Box alone is unacceptable)
800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP
- Names and business addresses of managers and any member with the authority of manager:
Kim Westerkamp, 800 Roosevelt Road, Building E Suite 218, Glen Ellyn, Illinois 60137
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
Name Number & Street City, State ZIP
(Add additional sheets of this size if more space is needed.)
- Managers other than a natural person affirm their current existence.
- Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____ 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376354
Due prior to: 09/01/2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

This space for use by Secretary of State

Type or print clearly

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Liste IL, 60532
Number Street Suite City State ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218, Gen Ellyn Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218, Gen Ellyn</u>	<u>Illinois</u>	<u>60137</u>

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

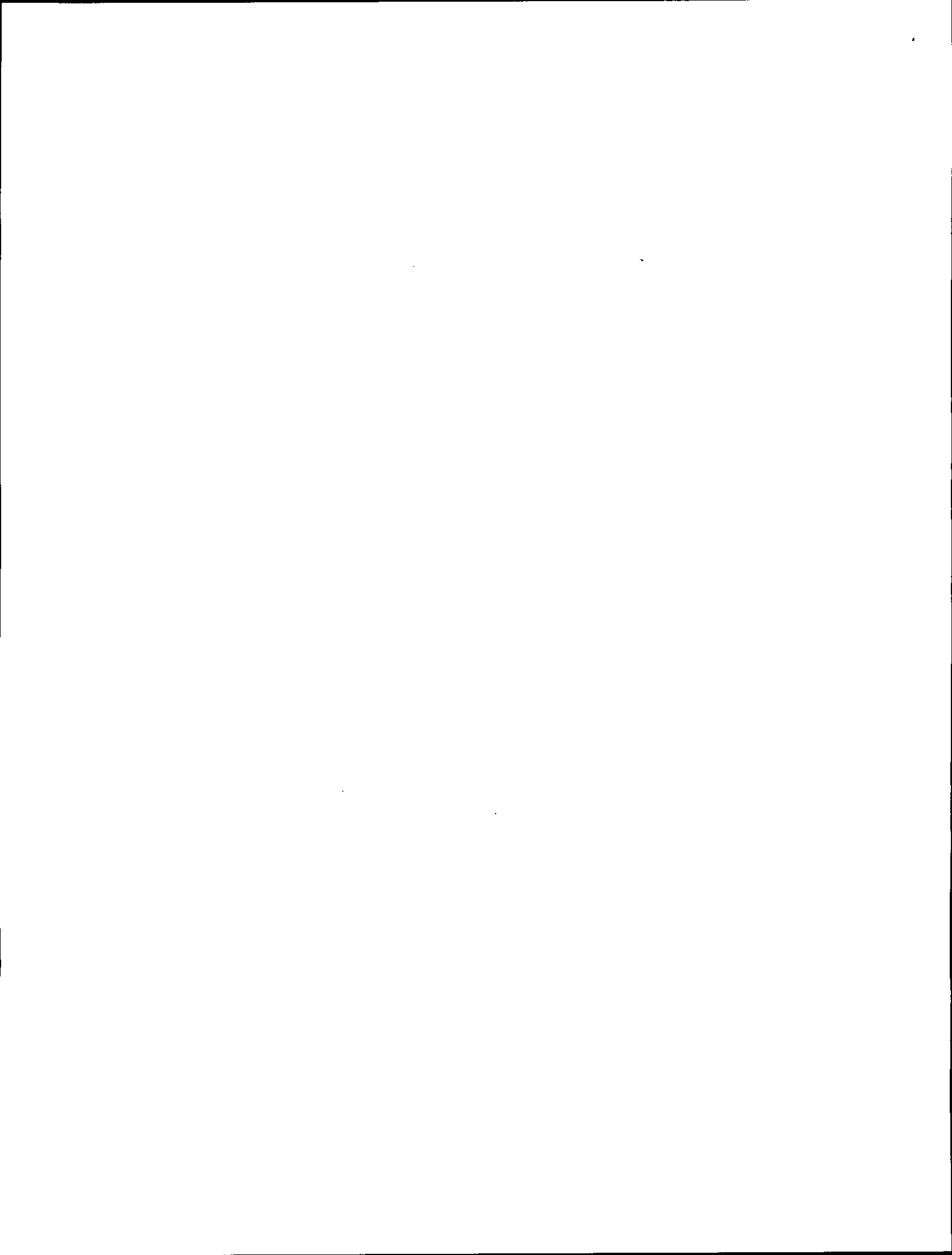
A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: / / 2018
Month/Day Year

Signature

Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity



Form **LLC-35.40/45.65** July 2017

Illinois
Limited Liability Company Act
Application for Reinstatement Following
Administrative Dissolution or Revocation

FILE # 03376214
This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Filing Fee: \$200

Approved:

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:
SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: ILLINOIS

4. Date Notice of Dissolution or Revocation issued: 03/08/2013

5. Registered agent: JAMES S HARKNESS
First Name Middle Initial Last Name

Registered office: 1001 WARRENVILLE ROAD, STE 500
Number Street Suite #
(P.O. Box alone or c/o is unacceptable.) LISLE IL 60532
City ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month/Day Year

[Signature]
Signature
Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

Form **LLC-5.25**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Articles of Amendment

FILE # 03376214

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC

2. Articles of Amendment effective on:

the file date

a later date (not to exceed 30 days after the file date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

a) Admission of a new manager (give name and address below)*

b) Withdrawal of a manager (give name below)

c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)

d) Change of registered agent and/or registered agent's office (give new name and/or address below, *address change to P.O. Box alone or C/O is unacceptable*)

e) Change in the Limited Liability Company's name (give new name below)**

f) Change in date of dissolution (state perpetual or date of dissolution below)

g) Establish authority to issue series (fee \$300, see NOTE)

h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

b. Lewis Borsellino

c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

d. James S. Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532

**New name of LLC (as changed): _____

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018
Month:Day Year

Signature

Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Form **LLC-1.36/1.37**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Statement of Change of Registered Agent and/or Registered Office

FILE # 03376214

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$25

Penalty (See Note 1 on page 2.):

Approved:

1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC

2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change):

Registered agent: NATIONAL REGISTERED AGENTS
First Name Middle Name Last Name

Registered office: 200 W ADAMS ST STE 2007
Number Street Suite No. (P.O. Box alone is unacceptable)
CHICAGO IL 60606
City ZIP Code

3. Name and address of registered agent and registered office shall be (after all changes herein reported):

Registered agent: JAMES S. HARKNESS
(See notes) First Name Middle Name Last Name

Registered office: 1001 WARRENVILLE ROAD, STE 500
(See notes) Number Street Suite No. (P.O. Box alone is unacceptable)
LISLE IL 60532
City ZIP Code

4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

5. The above change was authorized by: (check one box only)

- a. the members or managers.
b. action of the registered agent. (See Note 5 on page 2.)

6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete.

Dated: _____ 2018 _____
Month/Day Year

Signature
Kim Westerkamp - Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

NOTES

1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
3. The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered office address is limited to 30 characters including spaces. Consult USPS.com for help with standard formatting and abbreviations.
4. A Limited Liability Company cannot act as its own registered agent.
5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376214
Due prior to: 09/01/2012

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

This space for use by Secretary of State

Type or print clearly.

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC

Registered agent: James S Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City ZIP

2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road Building E, Suite 218, Glen Ellyn, Illinois 60137
Number Street Suite City State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Name	Number & Street	City, State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218</u>	<u>Glen Ellyn, Illinois</u>	<u>60137</u>
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

5. Managers other than a natural person affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, 2018
Month/Day Year

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Signature

Kim Westerkamp, Manager

Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form **LLC-50.1**
July 2017

Illinois
Limited Liability Company Act
Annual Report

FILE # 03376214
Due prior to: 09/01/2013

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield IL 62756
217-524-8008
www.cyberdriveillinois.com

This space for use by Secretary of State

Type or print clearly.

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC

Registered agent: James S. Harkness

Registered office: 1001 Warrenville Road, Ste 500, Lisle IL 60532
Number Street Suite City ZIP

2. State or county of organization: Illinois Date organized in or admitted to Illinois: 09/03/2010

3. Address of principal place of business: (P.O. Box alone is unacceptable.)
800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Number Street Suite City, State ZIP

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Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137

Name	Number & Street	City, State	ZIP
<u>Kim Westerkamp</u>	<u>800 Roosevelt Road, Building E, Suite 218</u>	<u>Glen Ellyn, Illinois</u>	<u>60137</u>

(Add additional sheets of this size if more space is needed.)

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Dated: _____, 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.

Form **LLC-50.1**
July 2017

**Illinois
Limited Liability Company Act
Annual Report**

FILE # 03376214
Due prior to: 09/01/2014

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Dated _____, 2018
Month/Day Year

Signature
Kim Westerkamp, Manager
Name and Title (type or print)

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