PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100060892041

DOCUMENT # L04000011253

1. Limited Liability Company's Name
107 Coconut Key, LLC

2. Principal Office Address		3. Mailing Office Address	
749 Carlyle		c/o John Buttita, Jenner & Block	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		One IBM Plaza	
City & State		City & State	
Northbrook, Illinois		Chicago, IL	
Zip	Country	Zip	Country
60062	Cook	60611	Cook

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
February 11, 2004

6. FEI Number
☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/21/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Fishman Family Investment Partnership	749 Carlyle	Northbrook, IL 60062
		REINSTATEMENT 2005	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 10/20/05 Daytime Phone # (561) 627-1955

Typed or printed name of signing Managing Member/Manager Joan Fishman, General Partner of Managing Member

CR2E031 (01/06)

FLD110 - 08/03/04 CT System Online

CORPORATION SERVICE COMPANY

L04000011253

ACCOUNT NO. : 072100000032

REFERENCE : 666642 4304312

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 150.00

FILED
05 OCT 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 21, 2005

ORDER TIME : 9:20 AM

ORDER NO. : 666642-005

CUSTOMER NO: 4304312

DOMESTIC FILINGS BK

RECEIVED
05 OCT 24 AM 10:57
DIVISION OF CORPORATION

NAME: 107 COCONUT KEY, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

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