


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 OCT -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000004204					
1. Limited Liability Company's Name BEC Port Myers-GC LLC					
2. Principal Office Address 330 N. Wabash Ave.		3. Mailing Office Address 330 N. Wabash Ave.		4. State/Country of Formation Delaware	
Route, Apt. #, etc. Suite 1400		Route, Apt. #, etc. Suite 1400		5. Date Organized or Qualified To Do Business in Florida 12/17/03	
City & State Chicago, IL		City & State Chicago, IL		6. FEI Number 42-1641636	
Zip 60611	County USA	Zip 60611	County USA	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SEE INSTRUCTIONS</small>	

8. 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

Route, Apt. #, etc.

City
Plantation

State:
FL

Zip/County:
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: *Cecilia Bryan* *Suzanne Ashby Sealey* Date: **10/7/04**

REGISTERED AGENT TRUST SIGN

10. Name and Street Address of Managing Member/Managers			
Type	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Mark J. Schulte	330 N. Wabash Avenue, Suite 1400	Chicago, IL 60611

11. I hereby declare I am a managing member/manager or the receiver or trustee appointed to execute this application as provided for in chapter 606, F.S. I further certify that when this application is filed with the Secretary of State, the requirements of section 606.05, F.S., and any other applicable law have been satisfied. The information provided 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: *Mark J. Schulte* Date: **10/06/04** Daytime Phone: **312-977-3700**

Type or printed name of signing Managing Member/Manager: **Mark J. Schulte, Manager**

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Florida Department of State

Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

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