## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

20	05 LIMITED LIA REINSTA	BILITY COMI TEMENT	PANY		F	11 -	
1. Entity Name	MENT # M0400000 FINANCIAL CENTRE, LLC		72	SECRE JARRY	AM 8:52  OF STATE ORIDA		
Principal Place	e of Business	Mailing Address		7	*068	FISTATE	
401 EAST JAC TAMPA, FL 3	CKSON STREET 13602	401 EAST JACKSON STRE TAMPA, FL 33602	ET A.		•		
2. Principal Place of Business		3. Mailing Address	(5/				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12122005	REIN-LLC	CR2E101 (6/04)	
City & State		City & State	V	4. FEI Numb		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New F		
000000	TION DEDIVIOE COMPANY		Name				<del></del>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address	(P.O. Box Numi	per is Not Acceptabl	e)	
			City	····	<del></del>	FL Zip Code	•
	named entity submits this statement for			ered agent, or b	oth, in the State of Fi	orida. I am familiar with,	and accept
the obligati	ions of registered agent.	. )	R. Dunlap			12/12/05	
SIGNATURE	Signature, typed or printed name of registered agents	as indutte if epolicable. (NOTE: I	<u>its agent</u> Replatered Ağent algnatura req	ulred when reinstatin	g)	DATE	
	E NOWIII FEE IS \$50.00 ary 1, 2006, Fee will be \$100.00	In accordance with s. liability company did r	607.193(2)(b), F.S., tot receive the prior r	the limited notice.	,	te check payable to a Department of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
IIILE	MGRM	Delete	TITLE		•	☐ Change	Addition
NAME Street address City-S1-ZIP	CMD REALTY INVESTMENT FU 2700 W. MONROE STREET, SUI CHICAGO, IL 60606	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		30008		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		☐ Change	Addition
TITLE NAME		☐ Delete	<b>}</b>	=0.115P •	າ. ເໜ້	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		<u>oeins</u>	NAME STREET ADDRESS				
TITLE NAME STREET ADDRESS		C El Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		Celete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	certify that the information supplied with	this filing dose not muching for t	CITY-ST-ZIP	Section 110.07/2	N(i) Florida Statutos	I further cortify that the in	oformation
indicated	certity that the information supplied with d on this report is true and accurate and ability company or the receiver or truster	that my signature shall have th	e same legal effect as i	l made under oa	th; that I am a mana	ging member or manage	r of the
limited lia		1					
limited lia	h. in	upa do a			12/12/0		
limited lie	h. in		IGER, OR AUTHORIZED REPRI		Date	Daytime Phone #	

REFERENCE: 7515,95

AUTHORIZATION

COST LIMIT

ORDER DATE: December 12, 2005

ORDER TIME : 2:47 PM

ORDER NO. : 751595-020

CUSTOMER NO: 4304492

## REINSTATEMENT

NAME: CMD ST\_FINANCIAL CENTRE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS