2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
JAN 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004738

1. Entity Name
HAWTHORN SUITES ORLANDO, L.L.C.

Principal Place of Business	Mailing Address
200 WEST MADISON STREET, 25TH FLOOR CHICAGO, IL 60606	200 WEST MADISON STREET, 25TH FLOOR CHICAGO, IL 60606

05

01232006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
71 S. Wacker Drive		71 S. Wacker Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Chicago, IL		City & State: Chicago, IL	
Zip: 60606	Country: USA	Zip: 60606	Country: USA

4. FEI Number: 36-3736657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

BK

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 Wanda L. Massey Asst. V.P. Wanda L. Massey 1/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HSRE, INC.		NAME		
STREET ADDRESS	71 S. WACKER DRIVE, 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	200064559822	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	REINSTATEMENT 2005-2006	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

By: HSRE, Inc., Its Managing Member Mary J. Turilli

SIGNATURE: By: Mary J. Turilli Assistant Secretary (312) 780-5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

M04000004738

RECEIVED
06 JAN 26 AM 9:15
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 832794 4322610

AUTHORIZATION :

COST LIMIT : $ 100.00

ORDER DATE : January 25, 2006

ORDER TIME : 4:39 PM

ORDER NO. : 832794-050

CUSTOMER NO: 4322610

FILED
2006 JAN 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: HAWTHORN SUITES ORLANDO, L.L.C.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____