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MD7000004137

Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

MAINSTREET AEW V COMMERCIAL PLACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

\$ 277.50

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EXAMINER

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2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000004137 1. Entity Name MAINSTREET AEWV COMMERCIAL PLACE LLC		
Principal Place of Business 101 NORTH WACKER DRIVE, SUITE 2002 CHICAGO, IL 60601		Mailing Address 101 NORTH WACKER DRIVE, SUITE 2002 CHICAGO, IL 60601
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country		City & State Zip Country
4. FEI Number 01182000 REIN-LLC GRZE101 (1/07)		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2825		7. Name and Address of New Registered Agent Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City: Plantation FL Zip Code: 33324
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: SPECIAL ASSISTANT SECRETARY DATE: 3/30/09		
FILE NOW!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM <input checked="" type="checkbox"/> Delete	NAME PRINCE PROPERTIES, INC.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 NORTH WACKER DRIVE, SUITE 2002	CITY-ST-ZIP CHICAGO, IL 60601	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM <input type="checkbox"/> Delete	NAME MAINSTREET 800 PARKWAY COMMERCIAL PLACE 2101 W. COMMERCIAL BLVD #1200 LTD FOLT. LAUDERDALE, FL 33309	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 appointed to execute this report as required by Chapter 609, Florida Statutes.		
SIGNATURE: <small>SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 01-21-09 <small>DATE</small>

REINSTATEMENT 2008, 2009