

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000004189

1. Limited Liability Company's Name

Green Meadows Miramar LLC

2. Principal Office Address - No P.O. Box #

5215 Old Orchard Road

Suite, Apt. #, etc.

Suite 760

City & State

Skokie, IL

Zip

60077-1035

Country

USA

3. Mailing Office Address

222 N. LaSalle Street

Suite, Apt. #, etc.

Suite 800

City & State

Chicago, IL

Zip

60601

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/16/2003

6. FEI Number

36-8494555

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

NRAI SERVICES, INC.

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

2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Robert N. Sklare
Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 2/18/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Green Meadows Partnership	5215 Old Orchard Road, Suite 760	Skokie, IL 60077-1035
			700118447387 02/20/08--01031--014 **101.25
			700118447387 02/20/08--01031--015 **350.00
			REINSTATEMENT 2006-2008

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 608.408, 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

Robert N. Sklare

Date 2/7/08

Daytime Phone# (847) 966-9669

Typed or printed name of signing Managing Member/Manager

By: Robert N. Sklare, President of Member's General Partner