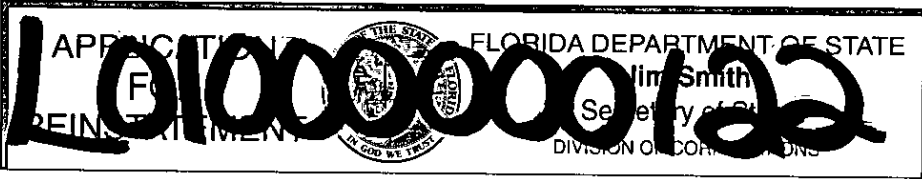


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000122
Name and Mailing Address

0008082 01 FP 0.352 **PRSR T5 0 0615 60076-345499
SOUTHLAKE UTILITIES HOLDING, L.L.C.
3856 OAKTON ST.
SKOKIE IL 60076-3454

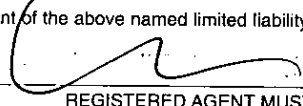


CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3856 OAKTON ST. SKOKIE IL 60076-3456		5. Date Organized or Qualified To Do Business in Florida 01/03/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0618863	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

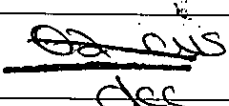
8. Name and Address of Current Registered Agent DEAS, WILLIAM J ESQ. 2215 RIVER BLVD. JACKSONVILLE FL 32204		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 900008733669 11/05/02--01025--004 **155.00 FL Zip Code	
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10. 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.

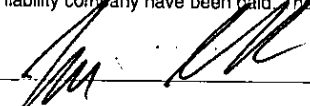
Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 11/1/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAGAN, CROSSINGS, LTD.	3856 OAKTON ST.	SKOKIE IL 60076-3456

REINSTATEMENT 
dec

12. 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 608.406, 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  Date 10-28-02 Daytime Phone # 847-679-5512

Typed or printed name of signing Managing Member/Manager