

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 30 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L01000000874</b><br>1. Entity Name<br>U-SPY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                  |  |
| Principal Place of Business<br>2076 N. ELSTON AVE., STE. 200<br>CHICAGO, IL 60614-3940                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                            | Mailing Address<br>2076 N. ELSTON AVE., STE. 200<br>CHICAGO, IL 60614-3940                                                                                                                            |                                                                                                                                                  |  |
| 2. Principal Place of Business<br><b>3221 N. Ashland Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | 3. Mailing Address<br><b>3221 N. Ashland Ave</b>                                                           |                                                                                                                                                                                                       |                                                                                                                                                  |  |
| Suite, Apt. #, etc.<br><b>2W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | Suite, Apt. #, etc.<br><b>2W</b>                                                                           |                                                                                                                                                                                                       |                                                                                                                                                  |  |
| City & State<br><b>CHICAGO IL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | City & State<br><b>CHICAGO FL</b>                                                                          |                                                                                                                                                                                                       | 4. FEI Number<br><b>59-3692524</b>                                                                                                               |  |
| Zip<br><b>60657</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | Country<br><b>USA</b>                                                                                      |                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br>HOOVER, ERIC<br>5227 E. COLONIAL DR, SUITE B<br>ORLANDO, FL 32807                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                            | 7. Name and Address of New Registered Agent<br>Name <b>PERRY MYERS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5227 E. Colonial Dr. #B</b><br>City <b>ORLANDO</b> FL <b>32807</b> |                                                                                                                                                  |  |
| 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.<br>SIGNATURE <b>PERRY MYERS</b> DATE <b>11-17-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                               |                                                                                                         |                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>After January 1, 2005, Fee will be \$100.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                                                                                                                                                                       | Make check payable to<br><b>Florida Department of State</b>                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                            | 10. ADDITIONS/CHANGES                                                                                                                                                                                 |                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>MYERS, PERRY <input type="checkbox"/> Delete<br>2076 N. ELSTON AVE STE 200<br>CHICAGO, IL 60614 |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                    | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>MYERS, PERRY<br>3221 N. Ashland Ave #2W<br>CHICAGO IL 60657 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |                                                                                                         |                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                  |  |
| SIGNATURE: <b>PERRY MYERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                                                                                            | Date <b>11-17-04</b> Daytime Phone # <b>847-980-3329</b>                                                                                                                                              |                                                                                                                                                  |  |