

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # L01000003583		02 DEC -4 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000009567300 12/17/02--01102--001 **50.00 000009567300 12/17/02--01102--002 **100.00	
1. Limited Liability Company's Name Parkshore On The Bay, L.L.C.		4. State/Country of Formation Florida	
2. Principal Office Address 2711 West Howard Street		5. Date Organized or Qualified To Do Business in Florida 03/08/2002	
Suite, Apt. #, etc.		6. FEI Number 36-4427951	
City & State Chicago, Illinois		Applied For Not Applicable	
Zip 60645	Country Cook	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
3. Mailing Office Address 2711 West Howard Street			
Suite, Apt. #, etc.			
City & State Chicago, Illinois			
Zip 60645	Country Cook		
8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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 <i>[Signature]</i>		Date 12/2/02	
REGISTERED AGENT MUST SIGN			
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
MGR	Alan Freeman	950 904 North Michigan Avenue	Chicago, Illinois 60611
MGR	Bruce Freeman	225 West Goethe	Chicago, Illinois 60610
REINSTATEMENT 2002 <i>BK</i>			
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 608.406, 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 <i>[Signature]</i>		Date 11-22-02	Daytime Phone # 312-638-5640
Typed or printed name of signing Managing Member/Manager Alan Freeman, Manager			

CR2E041 (9/01)