

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 27 AM 10:50

DOCUMENT # L01000007555 1. Entity Name 9195 SURFSIDE, LLC			
Principal Place of Business 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610		Mailing Address 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610	
2. Principal Place of Business 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA		3. Mailing Address 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA	
4. FEI Number 36-4443463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9195 SURFSIDE MEMBERS, LLC 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9195 SURFSIDE CONSULTANTS, INC. 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE <u>Anthony R. P. Benedict</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>11-14-06</u> Daytime Phone # <u>312-595-4714</u>	