

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000011102

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** FLORIDA RENTAL PROPERTIES, LLC

**Current Principal Place of Business:**

ONE PIERCE PLACE  
460E  
ITASCA, IL 60143

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PIERCE PLACE  
460E  
ITASCA, IL 60143

**New Mailing Address:**

**FEI Number:** 35-2168574      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CORINNE FLONDOR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COLBENNETT LLC. BUSINESS TRUST #3  
**Address:** ONE PIERCE PLACE, STE 460E  
**City-St-Zip:** ITASCA, IL 60143

**Title:** MGRM  
**Name:** LEANARDI, JOHN M  
**Address:** 526 MALL DRIVE  
**City-St-Zip:** SCHAUMBURG, IL 60173

**Title:** MGRM  
**Name:** STILLWELL, MARTIN C  
**Address:** 526 MALL DRIVE  
**City-St-Zip:** SCHAUMBURG, IL 60173

**Title:** MGR  
**Name:** DAWSON FAMILY PARTNERSHIP  
**Address:** 526 MALL DRIVE  
**City-St-Zip:** SCHAUMBURG, IL 60173

**Title:** MGR  
**Name:** BOTARI, GARY  
**Address:** 5326 SW 22ND PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN M. LEANARDI

MGRM

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date