


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000020223 1. Entity Name TANGLEWOOD APARTMENTS LLC	
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FILED

04 OCT -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 820 SAINT MICHAEL STREET TALLAHASSEE, FL 32301	Mailing Address 820 SAINT MICHAEL STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business 423 BLL SAINTS ST TALLAHASSEE FL	3. Mailing Address P.O. Box 15694 TALLAHASSEE FL
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10082004 REIN-LLC CR2E101 (6/04)

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL	4. FEI Number 30-0105585	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country USA	Zip 32317	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FL
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, 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
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRINSPOON, JEFFREY	
STREET ADDRESS	1144 W. DIVERSEY PARKWAY	
CITY-ST-ZIP	CHICAGO, IL 60614	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800041730528 10/08/04--01059--009 **50.00	
CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____