

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020223

1. Limited Liability Company's Name

TANGLEWOOD APARTMENTS, LLC

05

100134665931
08/20/08--01023--004 **\$60.00
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 820 SAINT MICHAEL STREET		3. Mailing Office Address 820 SAINT MICHAEL STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FLORIDA		City & State TALLAHASSEE FLORIDA	
Zip 32301	Country USA	Zip 32301	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business In Florida 8/8/2002	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
SUSAN S. THOMPSON

Street Address (P.O. Box Number is Not Acceptable)
3520 THOMASVILLE ROAD

Suite, Apt. #, Etc.
4TH FLOOR

City
TALLAHASSEE

State
FL

Zip Code
32309

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Susan S. Thompson Date 8-15-08
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
MGRM	SBR ENTERPRISES, INC.	2724 NORTH LINCOLN AVENUE	CHICAGO, ILLINOIS 60614
REINSTATEMENT <u>2005-2008</u>			

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 [Signature] Date 8/14/08 Daytime Phone # 773 525 0100
Typed or printed name of signing Managing Member/Manager JEFFREY GRINSPOON, PRESIDENT