

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000028901

Entity Name: "CFMT OF FLA L.L.C."

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

3100 N OCEAN BLVD 703
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

135 SOUTH LASALLE STREET
SUITE 3705
CHICAGO, IL 60603 US

Current Mailing Address:

3100 N OCEAN BLVD 703
FORT LAUDERDALE, FL 33308

New Mailing Address:

135 SOUTH LASALLE STREET
SUITE 3705
CHICAGO, IL 60603 US

FEI Number: 55-0807706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUPPY, FRED M
3100 N OCEAN BLVD
703
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

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: KRISTINE HEIBERGER

09/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUPPY, FRED M
Address: 3100 N OCEAN BLVD 703
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRANE, EUGENE
Address: 135 SOUTH LASALLE STREET, SUITE 3705
City-St-Zip: CHICAGO, IL 60603 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EUGENE CRANE

MGR

09/29/2009

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