

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 22 AM 12:45

DOCUMENT # L04000067479

1. Entity Name  
SANDLAKE RESIDENCES, LLC



Principal Place of Business  
1212 NORTH LASALLE STREET  
SUITE 110  
CHICAGO, IL 60610 US

Mailing Address  
1212 NORTH LASALLE STREET  
SUITE 110  
CHICAGO, IL 60610 US

2. Principal Place of Business

1030 North Clark Street

3. Mailing Address

1030 North Clark Street

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Chicago IL

City & State

Chicago IL

Zip

60610

Country

USA

Zip

60610

Country

USA

11092006 REIN-LLC CR2E101 (11/05)

4. FEI Number

20-1718400

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION  
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE MGR  
NAME SEG SANDLAKE CONSULTANTS, INC.  
STREET ADDRESS 1212 NORTH LASALLE STREET, SUITE 110  
CITY-ST-ZIP CHICAGO, IL 60610 ☐ Delete

TITLE MGR  
NAME FIGEROA, ORLANDO  
STREET ADDRESS 48 WALL STREET  
CITY-ST-ZIP NEW YORK, NY 10005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 1030 North Clark Street, Suite 300  
CITY-ST-ZIP Chicago IL 60610 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 700081985937  
11/21/06--01039--006 \*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP REINSTATEMENT 2006 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Anthony R. P. Danzetta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11-14-06

312-595-4714