

FILED

06 NOV -3 PM 1:43

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000074756					
1. Entity Name MEZZANINE 8181, LLC					
Principal Place of Business 500 W. MADISON STREET, #3630 CHICAGO, IL 60661			Mailing Address 500 W. MADISON STREET, #3630 CHICAGO, IL 60661		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3821694	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERLSTEIN, ARNOLD ESQ. 441 MONTCLAIRE DRIVE WESTON, FL 33326				7. Name and Address of New Registered Agent Name: Vicki Simmons-Hinz CPA Street Address (P.O. Box Number is Not Acceptable): 2525 Bruce Dr. Leon 5th FL City: Coral Gables FL Zip Code: 33134	
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: <i>Vicki Simmons-Hinz</i> DATE: 10/30/2006 Signature of individual 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, 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH STAR REALTY SERVICES, LLC 500 W. MADISON STREET, #3630 CHICAGO, IL 60661	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081476755 11/03/06--01003--008 **\$5.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <i>Mark S. Esten</i>				DATE: 10/30/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

REINSTATEMENT