

From:

12/13/2007 15:14

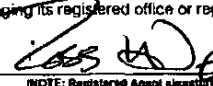
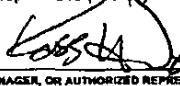
#398 P.002/002

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 13 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000017474			
1. Entity Name SOUTHEAST REAL ESTATE HOLDINGS, LLC			
Principal Place of Business 1946 NE 5TH AVE. BOCA RATON, FL 33431		Mailing Address 1946 NE 5TH AVE. BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 2241 W. HOWARD ST		3. Mailing Address 2241 W. HOWARD ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CHICAGO FL		City & State CHICAGO FL	
Zip 60645 Country USA		Zip 60645 Country USA	
4. FEI Number 20-5240415		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		10152007 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent SMALLBIZ AGENTS, LLC 4244 W. TENNESSEE STREET #185 TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name STEPHEN A. WOLF Street Address (P.O. Box Number is Not Acceptable) 17483 TIFANY TRACE City BOCA RATON FL Zip Code 33487	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ROSS WAXMAN  12.13.07 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, 2008, 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.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF REAL ESTATE PARTNERSHIP, L.P. 2164 SECOND STREET NORTHBROOKE, IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, ANDREW 1501 N. OCEAN BLVD., SUITE 5 POMPANO BEACH, FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALI, ZAHEER 1155 NW 18TH AVE. DELRAY BEACH, FL 33445 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAXMAN, ROSS 2241 W. HOWARD ST. CHICAGO, IL 60645 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, BRANDON C/O STEVE WOLF 2164 SECOND STREET NORTHBROOKE, IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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. REINSTATEMENT			
SIGNATURE: ROSS WAXMAN 		12.13.07 Date Daytime Phone # 847-363-6260	