


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000048803	
1. Entity Name SRD CHICAGOLAND, LLC	

FILED
08 DEC 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12122008 REIN-LLC CR2E101 (1/07)

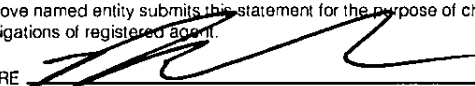
Principal Place of Business 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477	Mailing Address 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477
--	--

2. Principal Place of Business - No P.O. Box # 1001 N. US Hwy One Suite, Apt. #, etc. Suite 710 City & State Jupiter, FL Zip 33477 Country USA	3. Mailing Address 1001 N. US Hwy One Suite, Apt. #, etc. Suite 710 City & State Jupiter, FL Zip 33477 Country USA
---	---

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

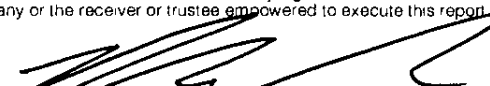
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GY CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name John Aiello Street Address (P.O. Box Number is Not Acceptable) 15540 SE Lakeside Dr. City Tequesta FL Zip Code 33469
--	--

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.	John Aiello DATE 12/29/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	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	MGR BARKETT, DREW W 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139405105 12/31/08--01073--002 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	12/29/08 Date 561-743-8724 Daytime Phone #