


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000094606</b>	
1. Entity Name C/B ASSOCIATES MANAGEMENT CO., L.L.C.	

FILED  
SECRETARY OF  
DIVISION OF CORPORATE AFFAIRS

09 MAY 21 AM 10:34

**REINSTATEMENT** 08-09 1222



Principal Place of Business 11586 QUAIL VILLAGE WAY NAPLES, FL 34119	Mailing Address 11586 QUAIL VILLAGE WAY NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132009 REIN-LLC CR2E101 (1/07)

4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAROLLO, THOMAS 11586 QUAIL VILLAGE WAY NAPLES, FL 34119		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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  (NOTE: Registered Agent signature required when reinstating) DATE 4-25-09

**FILE NOW!!! FEE IS \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C/B ASSOCIATES LIMITED PARTNERSHIP 1 N. LASALLE STREET, #1450 CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  800155460078 05/05/09--01037--019 **\$377.50
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
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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

Date

Daytime Phone #

5-14-09

334-840-3317

2317