


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000094607		
1. Entity Name C/B ASSOCIATES NO. 2, L.L.C.		

FILED
SECRETARY OF
DIVISION OF CORPORATIONS

09 MAY 21 AM 10:34

REINSTATEMENT 08-09 ASM

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.

04132009 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent	
CAROLLO, THOMAS 11586 QUAIL VILLAGE WAY NAPLES, FL 34119	

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  (NOTE: Registered Agent signature required when reinstating) DATE 4-35-09

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	100155460201 05/05/09--01037--021 **377.50 <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 #