


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 AM 9:34

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96000001337

1. Limited Liability Company's Name

LWH TAMPA, L.L.C.

2. Principal Office Address

203 N. LaSalle Street

3. Mailing Office Address

203 N. LaSalle Street

Suite, Apt. #, etc.

Suite 1900

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60601

Country

USA

Zip

60601

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/26/1996

6. FEI Number

650735021

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David A. Beyer c/o DLA Piper Rudnick Gray Cary US LLP

Street Address (P.O. Box Number is Not Acceptable)

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State

FL

Zip Code

33602

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

David A. Beyer

REGISTERED AGENT MUST SIGN

Date

6-8-05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Mark Levin	815 Southport Drive	Redwood City, CA 94065
MGRM	Paul A. Levin	4228A New Hope Commons Drive	Durham, NC 27702
MGRM	Nancy Walfish	12972 Highland Oak Court	Fairfax, VA 22033
MGRM	John H. Heuberger	107 W. St. Andrews Lane	Deerfield, IL 60015
MGRM	Donna C. Heuberger	107 W. St. Andrews Lane	Deerfield, IL 60015
MGRM			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

John H. Heuberger

Date

6/7/05

Daytime Phone #

312-368-4014

Typed or printed name of signing Managing Member/Manager

John H. Heuberger

CR2E041 (10/02)