

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L98000002495
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002495
Name and Mailing Address

0008081 01 FP 0.352 **PRVRT T5 0 0615 60076-345499
CAGAN CROSSINGS UNIT ONE, L.L.C.
3856 OAKTON
SKOKIE IL 60076-3454



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3856 OAKTON SKOKIE IL 60076		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 10/30/1998
		6. FEI Number 58-2551926	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent DEAS, WILLIAM J 2215 RIVER BOULEVARD JACKSONVILLE FL 32204	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000008799650 11/05/02--01025--003 ***155.00 City FL Zip Code
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10. 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 _____ Date 11/1/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SOUTHLAKE DEVELOPMENT, LTD.	3856 OAKTON	SKOKIE IL 80076

REINSTATEMENT *deas*
dec

12. 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 _____ Date 10/28/02 Daytime Phone # 847-679-5512

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)