PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005531

1. Limited Liability Company's Name

CREEKSIDE OAKS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2100 Golf Rd.	2100 Golf Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 110	Suite 110
City & State	City & State
Rolling Meadows, IL	Rolling Meadows, IL
Zip: 60008 Country: U.S.A.	Zip: 60008 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 9/02/99

6. FEI Number: 36-4314470 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X] $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: William Allard

Street Address (P.O. Box Number is Not Acceptable): 695 Central Ave.

Suite, Apt. #, Etc.: Suite 207

City: St. Petersburg State: FL Zip Code: 33701

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: William Allard (IF CHANGED AGENT MUST SIGN) Date: 10/17/00

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
MGR	David Feltman	~~2100 Golf Rd., Suite 110~~ 870 Higgins Rd, Suite 136	~~Rolling Meadows, IL 60008~~ Schaumburg, IL 60173

REINSTATEMENT 2000

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. 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 608.408, 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: David Feltman Date: 10/17/00 Daytime Phone #: 847 995 7005

Typed or printed name of signing Managing Member/Manager: David Feltman

OCT. -25' 00(WED) 08:51 BLALOCK LANDERS WALTERS & VOGLER TEL:9417452093 P.002