PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

ACCEPTED AND FILED
01 NOV 14 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

REINSTATEMENT 2001

DOCUMENT # M00000000165

1. Limited Liability Company's Name

JRC Lakeside (Quail Ridge), LLC
Attention: Leona Lacki
c/o Jupiter Realty Corporation

2. Principal Office Address	**3.** Mailing Office Address
919 N. Michigan Avenue	same
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.
City & State: Chicago, Illinois	City & State
Zip: 60611 Country: USA	Zip: Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 1/27/00

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Deborah D Skipper Date: 11-14-01
REGISTERED AGENT MUST SIGN. Deborah D. Skipper Asst. Secretary

CR2E041 (9/01)

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	JRC Lakeside, Inc.	919 N. Michigan Ave., #1500	Chicago, IL 60611

100004679041--5

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: JRC Lakeside, Inc. By: [signature] Date: 10/23/01 Daytime Phone #: (312) 642-6000

Typed or printed name of signing Managing Member/Manager: Andrew V. Agostini, President of JRC Lakeside, Inc.

2002

ACCOUNT NO. : 072100000032

REFERENCE : 407287 4392457

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : November 13, 2001

ORDER TIME : 11:45 AM

ORDER NO. : 407287-060

CUSTOMER NO: 4392457

CUSTOMER: Ms. Leona Lacki,
Jupiter Realty Corporation
919 North Michigan Avenue
Suite 1500
Chicago, IL 60611

RECEIVED
01 NOV 14 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: JRC LAKESIDE (QUAIL RIDGE), LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____