

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M01000000278

Name and Mailing Address

0016517 01 MB 0.308 **AUTO TO 0 0615 60602-398176



SOUTHERN GARDENS AT LAKE ALFRED, L.L.C.
2 N. LASALLE ST., STE. 1901
CHICAGO IL 60602-3981



10/28

2003

MJH

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/05/2001	
Principal Place of Business 2 N. LASALLE ST., STE. 1901 CHICAGO IL 60602	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 36-4412289	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>Jeffrey R. Graves</u> Assistant Secretary Date <u>10/24/03</u> 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
MGR	LAKE ALFRED ASSOCIATES LIMITED PARTNERSH	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
MGR	LAKE ALFRED ASSOCIATES LLC	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
MGR	KANKOMI, ZEV	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
			300024185533 10/28/03--01008--014 **150.00
REINSTATEMENT 2003			

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

Zev Karkomi

Date

10-20-03

Daytime Phone #

312/855-0930

Typed or printed name of signing Managing Member/Manager

Zev Karkomi

CR2E034 (7/03)