

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 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** M01000000279

Name and Mailing Address

0016515 01 MB 0.309 \*\*AUTO TO 0 0615 60602-398176



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



2. New Mailing Address		4. State/Country of Formation <b>DE</b>	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida <b>02/05/2001</b>	
Principal Place of Business <b>2 N. LASALLE ST., STE. 1901 CHICAGO IL 60602</b>	3. New Principal Place of Business Address  City, State, Zip		6. FEI Number <b>36-4412293</b>  7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>700024165877 10/27/03--01056--009 **150.00</b>  City <b>FL</b> 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 <b>Jeffrey R. Graves</b> Assistant-Secretary Date <b>10/24/03</b> <small>SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN</small>			
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	BRADENTON FLORIDA ASSOCIATES LIMITED PA	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
MGR	BRADENTON FLORIDA ASSOCIATES LLC	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
MGR	KARKOMI, ZEV	2 N. LASALLE ST., STE. 275	CHICAGO IL 60602
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 <b>10/20/03</b> Daytime Phone # <b>312-855-0930</b> <b>Zev Karkomi</b>			
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT **03**  
**dec**