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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M01000001334

FILED

02 DEC -2 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

. DOCUMENT # M01000001334

ame and Mailing Address

0008105 01 FP 0.352 **PRSRT T5 0 0815 60601-160499

PRIME/COMMANDER DRIVE, LLC
77 WEST WACKER DR., STE. 4200
CHICAGO IL 60601-1604

CR2E084 (8/02)

2. New Mailing Address
350 N. LaSalle Street, Suite 1100

City, State, Zip
Chicago, IL 60610

4. State/Country of Formation
IL

5. Date Organized or Qualified To Do Business in Florida
06/14/2001

Principal Place of Business
77 WEST WACKER DR., STE. 4200
CHICAGO IL 60601

3. New Principal Place of Business Address
350 N. LaSalle St., #1100

City, State, Zip
Chicago, IL 60610

6. FEI Number
36-4398124

☐ Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

WARFIELD, LEANN M
300 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
Edward E. Haddock, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3300 University Boulevard
Suite 218

City
Winter Park

FL

Zip Code
32792

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 11/25/02

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
Manager	Whiteco Residential, LLC	350 N. LaSalle Street Suite 1100	Chicago, IL 60610

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11/04/02--01093--022 **200.00

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. Whiteco Residential, LLC

Signature of Managing Member/Manager By: _____ Date 11/22/02 Daytime Phone # 312-645-9100