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LODMELL & LODMELL, P.C.

ONE ARIZONA CENTER
400 East Van Buren - Suite 850
Phoenix, Arizona 85004

CR2E031(7/97)



Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1. FOR LC (Corporation Name)	(Document #)	- MJ#
2. (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4. (Corporation Name)	10005105 -03/15/02	-01005003 - ****125.80
■ Walk in ■ Pick up time ■ Mail out ■ Will wait	Photocopy Certificate of Star	tus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	FILED 02 MAR 14 PM 12: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 LAniGAN, L. L. C. (Name of foreign limited liability company)
(Name of foreign limited liability company)
2. TLLinois (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36. 4420807 (FEI number, if applicable)
company is organized)
4. 12-04-00 5. 2030 (Duration: Year limited liability company will cease to exist or "perpetual")
exist or perpetuar)
6(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
2000 So 11011- St. of
7. 2002 SE 47th Street
Cape Colal, F1. 3390+ (Street address of principal office)
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows
Michael D. DeGauld
10927 Whispering Pines Way
Rockford, IL 61114
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
aun, Manage, & operating of Peal Estate.
= Mrhol N. Natall
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Michael D. De Gald
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	LANIGAN, L. L. C.
2.	The name and the Florida street address of the registered agent and office are:
	GARY De Gould
	2002 SE 47th Street
	Florida street address (P.O. Box NOT ACCEPTABLE)
	CAPE CORAL FL 3390+
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LANIGAN, L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 04, 2000,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this _______ A.D. _____.

Desse White