PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 18 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004189

1. Limited Liability Company's Name

Green Meadows Miramar LLC

06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5215 Old Orchard Road		222 N. LaSalle Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 760		Suite 800	
City & State		City & State	
Skokie, IL		Chicago, IL	
Zip	Country	Zip	Country
60077-1035	USA	60601	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/16/2003

6. FEI Number: 36-6494555 ☐ 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

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.: SUITE 4

City	State	Zip Code
WESTON	FL	33331

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Asst. Sec. Date: 2/18/08
REGISTERED AGENT MUST SIGN

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
MGRM	Green Meadows Partnership	5215 Old Orchard Road, Suite 760	Skokie, IL 60077-1035
		700118447387 02/20/08--01031--014 **101.25	
		700118447387 02/20/08--01031--015 **350.00	
		REINSTATEMENT 2006-2008	

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 608.408, 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: Robert N. Sklare Date: 2/7/08 Daytime Phone#: (847) 966-9669

Typed or printed name of signing Managing Member/Manager: By: Robert N. Sklare, President of Member's General Partner