2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
JAN 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004738

1. Entity Name
HAWTHORN SUITES ORLANDO, L.L.C.

Principal Place of Business
200 WEST MADISON STREET, 25TH FLOOR
CHICAGO, IL 60606

Mailing Address
200 WEST MADISON STREET, 25TH FLOOR
CHICAGO, IL 60606

05

01232006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business
71 S. Wacker Drive
Suite, Apt. #, etc.

3. Mailing Address
71 S. Wacker Drive
Suite, Apt. #, etc.

City & State: Chicago, IL
Zip: 60606 Country: USA

City & State: Chicago, IL
Zip: 60606 Country: USA

4. FEI Number: 36-3736657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

BK

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wanda L. Massey ASST.V.P. Wanda L. Massey 1/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HSRE, INC.	NAME	
STREET ADDRESS	71 S. WACKER DRIVE, 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200006455982 2
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2005-2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: HSRE, Inc., Its Managing Member
By: Mary J. Turilli Assistant Secretary Mary J. Turilli (312) 780-5460

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC.

CORPORATION SERVICE COMPANY

M04000004738

RECEIVED

06 JAN 26 AM 9:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 832794 4322610

AUTHORIZATION :

COST LIMIT : $ 100.00

ORDER DATE : January 25, 2006

ORDER TIME : 4:39 PM

ORDER NO. : 832794-050

CUSTOMER NO: 4322610

FILED
2006 JAN 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: HAWTHORN SUITES ORLANDO, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____