

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 16 AM 9:06 JAL685

DOCUMENT # M05000000547

1. Entity Name
ROYAL PALM SENIOR INVESTORS, LLC



Principal Place of Business
8609 W. BRYN MAWR AVENUE, SUITE 209
CHICAGO, IL 60631

Mailing Address
8609 W. BRYN MAWR AVENUE, SUITE 209
CHICAGO, IL 60631

2. Principal Place of Business
500 S Dearborn Ave
Suite, Apt. #, etc.

3. Mailing Address
500 S Dearborn Ave
Suite, Apt. #, etc.

City & State
Chicago, IL
Zip
60605
Country
USA

City & State
Chicago, IL
Zip
60605
Country
USA

4. FEI Number
20-2262077

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32309

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

Signature, typed or printed name of registered agent and title if applicable.

William Cygnar

(NOTE: Registered Agent signature required when reinstating)

10/15/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROYAL PALM INVESTORS, LLC
% 8609 W. BRYN MAWR AVENUE, SUITE 209
CHICAGO, IL 60631 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400080876254
10/15/06--01044--007 **155.00

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William Cygnar

10/15/06

Date

7862760102

Daytime Phone #