

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000000548	
1. Entity Name ROYAL PALM JUNIOR 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
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2. Principal Place of Business 500 S. Dearborn Ave	3. Mailing Address 500 S. Dearborn Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Chicago, IL	City & State Chicago, IL
Zip 60605	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
\$155.00
OCT 16 AM 9:03 #1686
8045
800



INV# 10102006E

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-2262115	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303
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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 William Cignor DATE 10-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080875370 10/15/06--01044--009 **155.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William Cignor DATE 10-11-06 7862762102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #