

LIMITED LIABILITY COMPANY  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
CORPORATION  
**M 98 000001163**

FILED  
00 APR 20 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 98000001163  
1. Limited Liability Company's Name  
36 North East Second Street, L.L.C.

2. Principal Office Address 8700 W. Bryn Mawr Suite, Apt. #, etc. 810N City & State Chicago, IL Zip 60631		3. Mailing Office Address 8700 W. Bryn Mawr Suite, Apt. #, etc. 810N City & State Chicago, IL Zip 60631		Country Cook	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business In Florida 9-10-98	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name C T Corporation System		300003225193-3	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		-04/26/00-01079-011	
Suite, Apt. #, Etc.		***150.00 ***150.00	
City Plantation	State FL	Zip Code 33324	

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: Francis P. Regan Date: 4/19/00  
 REGISTERED AGENT MUST SIGN Francis P. Regan Asst. Secy.

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
MGR	Eli Stearns	2800 W. Bryn Mawr Suite 810N	Chicago, IL 60631
			300003225193-3 -04/26/00-01079-012 *****5.00 *****5.00
			300003225193-3 -04/26/00-01079-013 *****50.00 *****50.00

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 608.406, 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: [Signature] Date: 4/15/00 Daytime Phone #: 8476348785

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_