


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000004868 1. Entity Name GINN GRAND BAHAMA, LLC	
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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 28 PM 2: 38

REINSTATEMENT 08-09 284



Principal Place of Business 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747	Mailing Address 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1 Hammock Beach Pky
Suite, Apt. #, etc.	Suite, Apt. #, etc. Second Floor
City & State	City & State Palm Coast, FL
Zip	Zip 32137
Country	Country US

05182009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1832352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEMARTIN, CHARLES P
ONE HAMMOCK BEACH PARKWAY
PALM COAST, FL 32137**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME MASTERS II, ROBERT F	
STREET ADDRESS 1 HAMMOCK BEACH PARKWAY	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE Mgr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Edward R. Ginn III	
STREET ADDRESS One Hammock Beach Pky-	
CITY-ST-ZIP Palm Coast, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600156284276
05/22/09--01005--003 **377.50

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: Edward R. Ginn III /y **5-18-09 386-246-6647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #