

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 03, 2006  
Secretary of State

DOCUMENT# M05000002214

Entity Name: CASA MARINA OWNER, LLC

**Current Principal Place of Business:**

C/O LXR LUXURY RESORTS/ATN: R. RUBENSTEIN  
595 S. FEDERAL HIGHWAY, SUITE 600  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LXR LUXURY RESORTS/ATN: R. RUBENSTEIN  
595 S. FEDERAL HIGHWAY, SUITE 600  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRAY, JONATHAN D  
Address: 595 S. FEDERAL HIGHWAY, SUITE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: SUMERS, GARY M  
Address: 595 S. FEDERAL HIGHWAY, SUITE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: STEIN, WILLIAM J  
Address: 595 S. FEDERAL HIGHWAY, SUITE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: MCDONAGH, DENNIS J  
Address: 595 S. FEDERAL HIGHWAY, SUITE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: CAPLAN, KENNETH A  
Address: 595 S. FEDERAL HIGHWAY, SUITE 600  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 J. STEIN

MGR

10/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date