

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

DOCUMENT# M06000000548

**Entity Name:** MSR GL RESORT GP LLC

**Current Principal Place of Business:**

1 POST OFFICE SQUARE STE 3100  
BOSTON, MA 02109

**New Principal Place of Business:**

**Current Mailing Address:**

1 POST OFFICE SQUARE STE 3100  
BOSTON, MA 02109

**New Mailing Address:**

FEI Number: 04-3842932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOLEY, DANIEL  
121 SOUTH ORANGE AVE  
STE 1500  
ORLANDO, FL 32801 US

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
C/O C T CORPORATION SYSTEM  
PLANTATION, FL 33324 US

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: MARC ST.PIERE

10/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUZA, JOHN  
Address: 1 POST OFFICE SQUARE STE 3100  
City-St-Zip: BOSTON, MA 02109

Title: MGRM  
Name: QUINN, MICHAEL  
Address: 1 POST OFFICE SQUARE STE 3100  
City-St-Zip: BOSTON, MA 02109

Title: MGRM  
Name: FRANCO, MICHAEL  
Address: 1 POST OFFICE SQUARE STE 3100  
City-St-Zip: BOSTON, MA 02109

I hereby 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: MICHELLE DONATO

POA

10/04/2011

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