

08/20/2011

FAX

001/003

Division of Corporations

Page 1 of 1

**B99 0000000043**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GINN DEVELOPMENT COMPANY, LLC  
Account Number : I20080000036  
Phone : (386) 246-5859  
Fax Number : (386) 246-5856

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: thotalling@hammockbeach.com

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**REGISTERED AGENT CHANGE**

**NORTHSHORE OCEAN HAMMOCK INVESTMENT LTD., LLP**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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B. BOSTICK

**AUG 22 2011**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Northshore Ocean Hammock Investment Ltd., LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B99000000043

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy Hotaling  
Contact Person  
Resort Shared Services, LLC - Legal Department  
Firm/Company  
200 Ocean Crest Drive, Suite 31  
Address  
Palm Coast, FL 32137  
City, State and Zip Code  
thotaling@hammockbeach.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tammy Hotaling at ( 386 ) 246-5859  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Northshore Ocean Hammock Investment Ltd., LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/28/1999  
Date of filing/registration in Florida

3. B99000000043  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John Gray  
Name  
1 Hammock Beach Parkway, 2nd Floor  
Address  
Palm Coast, FL 32137  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Virginia Tee, Esq.  
Name  
200 Ocean Crest Drive, Suite 31 - Legal Dept.  
Florida street address (P.O. Box not acceptable)  
Palm Coast FL 32137  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

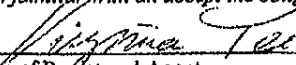
Northshore Ocean Hammock Investment Ltd., LLLP,  
a Georgia limited liability limited partnership

By: Hammock GP, LLC,  
a Georgia limited liability company, its general partner

By: Legacy Resort Assets, LLC, a Delaware limited  
liability company, its manager

By:   
Name: Amy Wilde  
Title: Vice President

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

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