


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000000468		
1. Entity Name THE INN AT MARCO ISLAND, LLC		

Principal Place of Business 205-207 N. COLLIER BLVD. MARCO ISLAND, FL 34145	Mailing Address 205-207 N. COLLIER BLVD. MARCO ISLAND, FL 34145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05122008	REIN-LLC	CR2E101 (1/07)
4. FEI Number 54-1224670		Applied For Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBSTER, ATTY. RONALD 985 N. COLLIER BLVD. MARCO ISLAND, FL 34145	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLYNN, BRIAN R 207 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GLYNN, THOMA E 210 SEAPORT RD. MYSTIC, CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GLYNN, WM. D 16 N.E. OCEAN DR. ST PETERSBURG, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GLYNN, ALBERT 471 BABBS RD. W. SUFFIELD, CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY KELLY BARRERA 5 MASON PLACE Foxboro, MASS. 02035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800131506958 05/19/08--01040--010 **382.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY KELLY BARRERA 5 MASON PLACE Foxboro MASS. 02035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian R Glynn Date: 5/20/08 Daytime Phone #: 5022288794

FILED

2008 JUN 17 P 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

07-08