

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007000

Entity Name: GULF SHORELINE, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

444 GULF OF MEXICO DRIVE
SUITE 202
LONGBOAT KEY, FL 34228

Current Mailing Address:

444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Mailing Address:

444 GULF OF MEXICO DRIVE
SUITE 202
LONGBOAT KEY, FL 34228

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMES, MARY L
444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

HOLMES, MARY L
444 GULF OF MEXICO DRIVE
SUITE 202
LONGBOAT KEY, FL 34228 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: MARY L. HOLMES

10/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLMES, MARY L
Address: 444 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLMES, MARY L
Address: 444 GULF OF MEXICO DRIVE, STE. 202
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify 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: MARY L. HOLMES

OWNE

10/27/2008

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