

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018270

FILED
Jan 02, 2008
Secretary of State

Entity Name: CELEBRATION GOLF SERVICES, LLC

Current Principal Place of Business:

3121 WICKHAM AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

1400 CELEBRATION AVENUE
#304
CELEBRATION, FL 34747

Current Mailing Address:

3121 WICKHAM AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

1400 CELEBRATION AVENUE
#304
CELEBRATION, FL 34747

FEI Number: 56-2285663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

STERNBERG, MARTIN
3121 WICKHAM AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

STERNBERG, MARTIN
1400 CELEBRATION AVENUE
#304
CELEBRATION, FL 34747 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: MARTIN STERNBERG

01/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STERNBERG, MARTIN
Address: 3112 WICKHAM AVE.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STERNBERG, MARTIN
Address: 1400 CELEBRATION AVENUE #304
City-St-Zip: CELEBRATION, FL 34747

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: MARTIN STERNBERG

MGRM

01/02/2008

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