

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000031612

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** ELLINGTON'S AT THE SANIBEL INN, LLC

**Current Principal Place of Business:**

658 DONAX STREET  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

937 E. GULF DRIVE  
SANIBEL, FL 33957 US

**Current Mailing Address:**

658 DONAX STREET  
SANIBEL, FL 33957 US

**New Mailing Address:**

**FEI Number:** 31-1826470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

RIZZO, THOMAS F  
2340 PERIWINKLE WAY  
J-2  
SANIBEL, FL 33957 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALGRIN, JILLIAN  
Address: 658 DONAX STREET  
City-St-Zip: SANIBEL, FL SANIBEL US

Title: MGRM ( ) Delete  
Name: WISE, SHARON  
Address: 658 DONAX STREET  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON WISE

MGRM

10/19/2004

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