

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 23, 2006  
Secretary of State**

DOCUMENT# L03000031612

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

**Current Principal Place of Business:**

937 E. GULF DRIVE  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

999 E. GULF DRIVE  
A-312  
SANIBEL, FL 33957 US

**New Mailing Address:**

FEI Number: 31-1826470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WISE, SHARON A  
999 E. GULF DRIVE  
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: SHARON A. WISE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALGRIN, JILLIAN  
Address: 937 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL SANIBEL US

Title: MGRM ( ) Delete  
Name: WISE, SHARON  
Address: 999 E. GULF DRIVE  
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 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: SHARON A. WISE

MGRM

10/23/2006

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