## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## The state of the s DOCUMENT # L03000055112 1. Entity Name CANTERBURY #2211, L.L.C. 2007 DEC 18 PH 2: 00 Principal Place of Business Maifing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA GTA-IB. LLC C/O GOLF HOST RESORTS INC 36750 U.S. HIGHWAY 19 NORTH 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10242007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 20-0804593 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ELLIOTT, HERBERT** Street Address (P.O. Box Number is Not Acceptable) **623 EAST TARPON AVENUE** TARPON SPRINGS, FL 34689 Zip Code FI 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to After January 1, 2008, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition GTA-IB. LLC NAME NAME 100113079301 12/12/07--01037--013 \*\*\*50.00 STREET ADDRESS 36750 U.S. HIGHWAY 19 NORTH STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZII TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the re-SIGNATURE: SIGNATURE AND TYPED OR PRINT D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #