

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 13 AM 9:10

DOCUMENT # L04000022525					
1. Entity Name NAVARRE HOTEL PARTNERS, L.L.C.					
Principal Place of Business 21 E. GARDEN STREET, SUITE 200 PENSACOLA, FL 32502			Mailing Address 21 E. GARDEN STREET, SUITE 200 PENSACOLA, FL 32502		
2. Principal Place of Business 4 LAGUNA ST Suite, Apt. #, etc. H201		3. Mailing Address 4 LAGUNA ST Suite, Apt. #, etc. H 201		10112005 REIN-LLC CR2E101 (6/04)	
City & State FORT WALTON BCH		City & State FORT WALTON BCH		4. FEI Number 20-0935087	
Zip 32548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLBERT, RICHARD M 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP MEMBER STEVEN P DELLALLO 4 LAGUNA ST - #201 FORT WALTON BCH, FL 32548			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 700060575 10/13/05--01034--001 **150.00		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2005		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <i>Member</i> 10/12/05 (850) 301-0179					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					