2007 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L04000044517

1. Entity Name
MUIRFIELD #2856,L.L.C.

Principal Place of Business	Mailing Address
GTA-IB, LLC 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	C/O GOLF HOST RESORTS INC. 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

10242007   REIN-LLC   CR2E101 (1/07)

4. FEI Number	Applied For
20-1608974	Not Applicable

| 5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required |

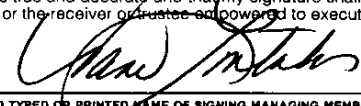| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIOTT, HERBERT 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____

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 **After January 1, 2008, Fee will be $100.00**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GTA-IB, LLC 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600113079926 12/12/07--01037--017 **50.00	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 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: _____   12/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #