

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000045869

**FILED**  
**Sep 20, 2005**  
**Secretary of State**

**Entity Name:** SHAMROCK BEACH RESORT, LLC

**Current Principal Place of Business:**

4259 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

2201 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931

**Current Mailing Address:**

4259 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

27499 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134

**FEI Number:** 05-0606697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOOD, CURTIS  
4259 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134 US

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

HOOD, CURTIS  
27499 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134 US

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: CURTIS HOOD

09/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOOD, CURTIS  
Address: 4259 BONITA BEACH ROAD  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOOD, CURTIS  
Address: 27499 RIVERVIEW CENTER BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

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: CURTIS HOOD

MMBR

09/20/2005

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