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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 FEB 15 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L04000076290

1. Limited Liability Company's Name
SHS Blue Lagoon, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1111 Plaza Drive		1111 Plaza Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
200		200	
City & State		City & State	
Schaumburg, IL		Schaumburg, IL	
Zip	Country	Zip	Country
60173	US	60173	US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 10/20/94

6. FEI Number
20-2133814 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
Andrew L. McIntosh c/o DLA Piper US LLP

Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd.

Suite, Apt. #, Etc.
2000

City: Tampa | State: FL | Zip Code: 33602

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date Feb 15, 2008

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Shamrock Blue Lagoon Investor LLC	4444 Lakeside Drive	Burbank, CA 91505
MGRM	Blue Lagoon Hotel Investors, LLC	1111 Plaza Drive, Suite 200	Schaumburg, IL, 60173
	REINSTATEMENT 06-08		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S.. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 2-4-08 Daytime Phone # 847-517-9100

Typed or printed name of signing Managing Member/Manager Jerome F. Catalao

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SHS BLUE LAGOON, LLC

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