

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000076290

FILED
Jul 15, 2008
Secretary of State**Entity Name:** SHS BLUE LAGOON, LLC**Current Principal Place of Business:**1111 PLAZA DRIVE, SUITE 200
SCHAUMBURG, IL 60173**New Principal Place of Business:****Current Mailing Address:**1111 PLAZA DRIVE, SUITE 200
SCHAUMBURG, IL 60173**New Mailing Address:****FEI Number:** 20-2133814**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCINTOSH, ANDREW L
% PIPER RUDNICK LLP
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**BEDKE, MICHAEL A
100 NORTH TAMPA STREET
2200
TAMPA, FL 33602 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: MICHAEL A. BEDKE

07/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SHAMROCK BLUE LAGOON, INVESTOR, LLC .
Address: 4444 LAKESIDE DRIVE
City-St-Zip: BURBANK, CA 91505**Title:** MGRM () Delete
Name: BLUE LAGOON HOTEL IN, VESTORS, LLC.
Address: 1111 PLAZA DRIVE SUITE 200
City-St-Zip: SCHAUMBURG, IL 60173**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHAMROCK BLUE LAGOON INVESTOR, LLC

MGRM

07/15/2008

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