


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000078289		
1. Entity Name LEE VISTA HOTEL MANAGER, L.L.C.		

FILED
08 NOV 12 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 60 POINTE CIR GREENVILLE, SC 29615	Mailing Address 60 POINTE CIR GREENVILLE, SC 29615
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10312008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent CUROTTO, DON C/O SHUTTS & BOWEN, LLP 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	
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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	DATE

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMA, HASMUH P 60 POINTE CIR GREENVILLE, SC 29615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	50811 390 1103 4-7-08 90235 018
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$138.75
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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: JAVANTI P. RADLA	11-4-08 2329944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #