

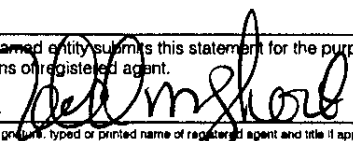
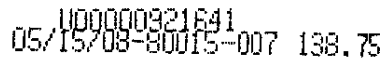
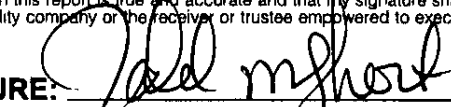


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000082567 1. Entity Name SHORT RESORTS, LLC				Apr 25, 2008 08:00 Secretary of State	
Principal Place of Business 14910 N. ROME AVE TAMPA, FL 33613		Mailing Address 14910 N. ROME AVE TAMPA, FL 33613			
DO NOT WRITE IN THIS SPACE				04192008No Chg-LLC CR2E083 (12/07)	
				4. FEI Number 41-2158305	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHORT, TODD M 14910 N. ROME AVE TAMPA, FL 33613				DO NOT WRITE IN THIS SPACE	
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 4/18/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM SHORT, TODD M 14910 N. ROME AVE TAMPA, FL 33613		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR SHORT, CINDY 14910 N. ROME AVE TAMPA, FL 33613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 _____ 4/18/08 81396947 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					