

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000002395

Entity Name: ROYAL ISLAND, LLC

FILED
Dec 08, 2006
Secretary of State

Current Principal Place of Business:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

1650 NE 134TH STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

1650 NE 134TH STREET
NORTH MIAMI, FL 33181

FEI Number: 20-2127007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUITT, DUANE J
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

TRUITT, DUANE J
2230 16TH AVE. NE
NAPLES, FL 34120 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: DUANE J. TRUITT

12/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREAT PRAIRIE VENTUR, ES, INC.
Address: 739 TIMBER RIDGE
City-St-Zip: FONTANA, WI 53125

Title: MGRM () Delete
Name: LAS ISLAS GROUP, LLC,
Address: 2951 N E 185 STREET #2001
City-St-Zip: AVENTURA,, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TRUITT, DUANE J
Address: 2230 16TH AVE. NE
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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: DUANE J. TRUITT

MGRM

12/08/2006

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