2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L07000021544

Entity Name: TRANSITION WATERSPORTS, LLC

Current Principal Place of Business:

4121 S. PINE AVE.
OCALA, FL 34480

New Principal Place of Business:

12865 SE HWY 25
OCKLAWAHA, FL 32183

Current Mailing Address:

1720 E. SCHWARTZ BLVD
THE VILLAGES, FL 32159

New Mailing Address:

12865 SE HWY 25
OCKLAWAHA, FL 32183

FEI Number: 20-8535165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STOCKMAN, FRANCES F
1720 E. SCHWARTZ BLVD
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

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: FRANCES F. STOCKMAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STOCKMAN, FRANCES F
Address: 1720 E. SCHWARTZ BLVD
City-St-Zip: THE VILLAGES, FL 32159 US

Title: MGR ( ) Delete
Name: STOCKMAN, NATHAN L
Address: 1720 E. SCHWARTZ BLVD
City-St-Zip: THE VILLAGES, FL 32159 US

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: FRANCES F. STOCKMAN MGR 02/25/2009

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