2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113267

Entity Name: ELLISON BAY, LLC

FILED Oct 12, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

730 GOODLETTE ROAD NORTH

SUITE 100

NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

730 GOODLETTE ROAD NORTH SUITE 100

NAPLES, FL 34102 US

FEI Number: 26-1387103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRISON, DAVID N
9010 STRADA STELL COURT
SUITE 105
NAPLES, FL 34109 US
ANDREWS, ELAINE
730 GOODLETTE RD N
SUITE 100
NAPLES, FL 34102 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: ELAINE ANDREWS 10/12/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Γitle: MGRM

Name: DERNBACH, PAUL MD

Address: 730 GOODLETTE ROAD NORTH, SUITE 100

City-St-Zip: NAPLES, FL 34102 US

Title: MGRM

Name: BAKER, MATTHEW MD Address: 730 GOODLETTE RD. N. STE 100

City-St-Zip: NAPLES, FL 34102

Title: MGRM

Name: JUSTIZ, WILLIAM MD

Address: 730 GOODLETTE RD. N. STE 100

City-St-Zip: NAPLES, FL 34102

Title: MGRM

Name: CAMPBELL, JOHN MD

Address: 730 GOODLETTE RD. N. STE 100

City-St-Zip: NAPLES, FL 34102

Title: MGRM

Name: COLON, GARY MD

Address: 730 GOODLETTE RD. N. STE 100

City-St-Zip: NAPLES, FL 34102

Title: MGRM

 Name:
 WORDEN, JAMES

 Address:
 730 GOODLETTE RD N

 City-St-Zip:
 NAPLES, FL 34102

I hereby 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 Statues.

SIGNATURE: MATTHEW BAKER MGRM 10/12/2010

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