# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Nov 11, 2009**
**Secretary of State**

DOCUMENT# L08000108069

**Entity Name:** IRISH WHISKEY CREEK PROPERTIES, LLC

**Current Principal Place of Business:**

11391 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

11391 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**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:**

JONES, CHARLES C II
1633 SE 47TH TERRACE
CAPE CORAL, FL 33904 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: CHARLES JONES

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: REILLY, THOMAS TRUSTEE
Address: 11391 MCGREGOR BOULEVARD
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM ( ) Delete
Name: JONES, LYNN TRUSTEE
Address: 11391 MCGREGOR BOULEVARD
City-St-Zip: FORT MYERS, FL 33919 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: THOMAS REILLY MGRM 11/11/2009

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