

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000002982

1. Entity Name  
THE LIGHTHOUSE INN AT STOCK ISLAND - KEY WEST,  
L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 29 AM 10:27

Principal Place of Business  
2570 PINE LAKE ROAD  
ORCHARD LAKE, MI 48324

Mailing Address  
2570 PINE LAKE ROAD  
ORCHARD LAKE, MI 48324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
65-0880706

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECK, RONALD  
832 CAROLINE  
KEY WEST, FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME COBB, ROBERT A  
STREET ADDRESS 2570 PINE LAKE ROAD  
CITY-ST-ZIP ORCHARD LAKE, MI 48324

TITLE ☐ Change ☐ Addition  
NAME 200061759372  
STREET ADDRESS 11/29/05--01063--006 \*\*\$150.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BAUM, ELLIOTT  
STREET ADDRESS 26655 WOODLORE  
CITY-ST-ZIP FRANKLIN, MI 48025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HECK, RONALD  
STREET ADDRESS 832 CAROLINE  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Robert A. FOM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(248) 681-6610

Daytime Phone #