

M01000002391

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 JAN 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000002391

1. Limited Liability Company's Name

Rockresorts Cheeca, LLC

2. Principal Office Address

137 Benchmark Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7

Suite, Apt. #, etc.

City & State

Avon, CO

City & State

Vail, CO

Zip

81620

Country

USA

Zip

81658

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

October 24, 2001

6. FEI Number

84-1606605

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jan Panday

REGISTERED AGENT MUST SIGN

Date 1-22-03

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM | Rockresorts International, LLC | 137 Benchmark Road | Avon, CO 81620 |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

James P. Donohue

Date 1/21/03

Daytime Phone # 970-845-2662

Typed or printed name of signing Managing Member/Manager James P. Donohue

CR20041 (10/02)