

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000002023

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** LEISURA II DEVELOPMENTS LLC

**Current Principal Place of Business:**

221 CORPORATE CIR  
SUITE Q  
GOLDEN, CA 80401 XX

**New Principal Place of Business:**

221 CORPORATE CIRCLE  
SUITE Q  
GOLDEN, CO 80401 XX

**Current Mailing Address:**

221 CORPORATE CIR  
SUITE Q  
GOLDEN, CA 80401 XX

**New Mailing Address:**

221 CORPORATE CIR  
SUITE Q  
GOLDEN, CO 80401 XX

**FEI Number:** 20-1219789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MOLLY YOCKEY, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INTRAWEST RESORTS, I, NC.  
Address: 231 CORPORATE CIRCLE  
City-St-Zip: GOLDEN, CA 80401 XX

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: INTRAWEST RESORTS, I, NC.  
Address: 221 CORPORATE CIRCLE, SUITE Q  
City-St-Zip: GOLDEN, CO 80401 XX

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: DAVID BLAIKLOCK

MGRM

04/15/2008

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