

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**


FILED

06 OCT 13 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0400003127

1. Entity Name
SANDESTIN ENTERTAINMENT, LLC



Principal Place of Business
**9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550**

Mailing Address
**9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550**

2. Principal Place of Business
Suite, Apt. #, etc. -

3. Mailing Address
Suite, Apt. #, etc. -

City & State
Destin, FL

City & State
Destin, FL

Zip
32550 Country
Walton

Zip
32550 Country
Walton



10062006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-1477170

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFP SHERMAN, CHRIS 400-301 EAST PINE STREET ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. MGRM Walter M. Stange 9300 Em. Coast Pkwy. West Destin, FL 32550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres MGRM Robert Babcock 9300 Em. Coast Pkwy. West Destin, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec. & Treas MGRM Michael Speicher 301 E. Pine St. ste 400 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres. MGRM Hugh R. Smythe 4545 Blackcomb Way Whistler, BC, Canada V8N 1B4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael N. Speicher* Date: *10/12/06* Daytime Phone #: *407-472-4452*