

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002920

Entity Name: GRANDE LAKES 3, LLC

**FILED**  
**Nov 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1001 HINGHAM STREET, SUITE 300  
ROCKLAND, MA 02370

**New Principal Place of Business:**

6100 LAKE ELLENOR DRIVE  
CORP TAX DEPT  
ORLANDO, FL 32809

**Current Mailing Address:**

1001 HINGHAM STREET, SUITE 300  
ROCKLAND, MA 02370

**New Mailing Address:**

6100 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

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

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

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

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: PETER SOUZA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SEAMOUNT ACQUISITION, S INC.  
Address: 1001 HINGHAM STREET, SUITE 300  
City-St-Zip: ROCKLAND, MA 02370

Title: MGR (X) Change ( ) Addition  
Name: DARDEN CORPORATION,  
Address: 6100 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

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: PATRICK HARRIGAN

VP

11/26/2007

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