

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000003684

Entity Name: PALMS KISSIMMEE, LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

C/O SAWYER REALTY HOLDINGS, LLC
75 SECOND AVENUE, SUITE 200
NEEDHAM, MA 02494

New Principal Place of Business:

C/O ROBBINS PROPERTY ASSOCIATES, LLC
1365 W DONEGAN AVE
KISSIMMEE, FL 34741

Current Mailing Address:

C/O SAWYER REALTY HOLDINGS, LLC
75 SECOND AVENUE, SUITE 200
NEEDHAM, MA 02494

New Mailing Address:

C/O ROBBINS PROPERTY ASSOCIATES, LLC
1365 W DONEGAN AVE
KISSIMMEE, FL 34741

FEI Number: 20-5133901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: CHARLES GUMUCIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALMS KISSIMMEE CORPORATION
Address: 75 SECOND AVENUE, SUITE 200
City-St-Zip: NEEDHAM, MA 02494

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALMS KISSIMMEE CORPORATION
Address: 1365 W DONEGAN AVE
City-St-Zip: KISSIMMEE, FL 34741

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: CHARLES GUMUCIO

MGR

10/08/2009

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