

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M08000002398

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** WILSONVILLE HOLIDAY PARTNERS LLC

**Current Principal Place of Business:**

45332 STATE ROAD 14  
STEVENSON, WA 98648

**New Principal Place of Business:**

**Current Mailing Address:**

45332 STATE ROAD 14  
STEVENSON, WA 98648

**New Mailing Address:**

888 SW FIFTH AVENUE  
SUITE 1600  
PORTLAND, OR 97204

FEI Number: 93-1316354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331      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: NRAI SERVICES, INC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DIAMOND S, INC.  
Address: 45332 STATE ROAD 14  
City-St-Zip: STEVENSON, WA 98648

I hereby 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: DIAMOND S, INC.

MGR

02/01/2010

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