

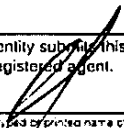
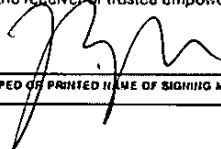


**2004 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

FILED

2004 DEC 30 AM 9:37

DOCUMENT # L0000003073				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SOUTHERN INSURANCE GUARANTY, L.L.C.					
Principal Place of Business 2121 PONCE DE LEON BLDV., PH CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLDV., PH CORAL GABLES, FL 33134		 10292004 REIN-LLC CR2E101 (6/04)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1021856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND SREET SUITE 2900 MIAMI, FL 33131-2130			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 		Howard J. Vogel, Vice President		12/29/04	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUART I MEYERS FAMILY PARTNERSHIP, LTD.	NAME			
STREET ADDRESS	2121 PONCE DE LEON BLDV., PH	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JL HOLDING CORP	NAME			
STREET ADDRESS	2121 PONCE DE LEON BLDV., PH 2	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Leon J. Wolfe.		12/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	

**REINSTATEMENT 04**

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