


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 NOV 12 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000028292 1. Entity Name 1840 DUNN AVENUE, LLC	
---	---

Principal Place of Business 2955 HARTLEY ROAD, SUITE 202 JACKSONVILLE, FL 32257	Mailing Address 2955 HARTLEY ROAD, SUITE 202 JACKSONVILLE, FL 32257
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 20-0110500
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



10272004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent HULSBERG, JEFFREY K 2955 HARTLEY ROAD, SUITE 202 JACKSONVILLE, FL 32257	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, 2005, Fee will be \$200.00		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	JEFFREY K. HULSBERG	NAME	
STREET ADDRESS	2955 HARTLEY RD #202	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	JOHN O. HULSBERG	NAME	
STREET ADDRESS	2955 HARTLEY RD, #202	STREET ADDRESS	500042704225
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	11/12/04--01074--007 **150.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 04 04

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: JKH 11/2/04 904-886-2901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #