

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:19



DOCUMENT # L05000076028
1. Entity Name
JPG LLC

Principal Place of Business
8231 SUMMA, SUITE A
BATON ROUGE, LA 70809

Mailing Address
8231 SUMMA, SUITE A
BATON ROUGE, LA 70809

11272006 REIN-LLC CR2E101 (11/05)

4. FEI Number
061753358

5. Certificate of Status Desired \$5.00 Additional Fee Required

2. Principal Place of Business
Florida
Suite, Apt. #, etc.
18 Merri Way
City & State
Santa Rosa Beach FL

3. Mailing Address
12 Merri Way
Suite, Apt. #, etc.
City & State
Santa Rosa Beach FL

Zip
32459 Country
Walton

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent
Name
Jeremy Scallan
Street Address (P.O. Box Number is Not Acceptable)
12 Merri Way
City
Santa Rosa Beach FL Zip Code
32459

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 Jeremy Scallan X [Signature] DATE 12-8-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALLAN, PATRICK <input type="checkbox"/> Delete 3910 TWELVE OAKS AVE BATON ROUGE, LA 70820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALLAN, JEREMY <input type="checkbox"/> Delete 2201 CAROLINE ST. MANDVILLE, LA 70448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTMAN, JAMES <input type="checkbox"/> Delete 4271 TUPELLO BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERTS, GERARD P <input type="checkbox"/> Delete 3916 FERRAN DR. METAIRIE, LA 70002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	50008248038 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/12/06--01045--009 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeremy Scallan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Merri Way Santa Rosa Beach FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James W Christian X [Signature] DATE 12-8-06 DAYTIME PHONE # 850 622-1361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

James W Christian Jeremy Scallan