

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000004267

Entity Name: 610 EAST 10TH STREET, L.L.C.

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

300 EAST STATE STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

1923 SOUTHAMPTON ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

300 EAST STATE STREET
JACKSONVILLE, FL 32202

New Mailing Address:

1923 SOUTHAMPTON ROAD
JACKSONVILLE, FL 32207

FEI Number: 52-2260474 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:

DUSS, JOHN S IV, ESQ
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

KENNEY, THERESA M IV, ESQ
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: THERESA M. KENNEY

05/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EASTON, WILLIAM M
Address: 65 LEWIS BOULEVARD
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EASTON, WILLIAM M
Address: 1923 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M. EASTON

MGRM

05/24/2006

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