

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2005
Secretary of State

DOCUMENT# L01000001295

Entity Name: KALJON FLORIDA, LLC

Current Principal Place of Business:

1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE, FL 33009

New Principal Place of Business:

1617 FRANCES AVENUE
FORT PIERCE, FL 34949

Current Mailing Address:

1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE, FL 33009

New Mailing Address:

1617 FRANCES AVENUE
FORT PIERCE, FL 34949

FEI Number: 25-1825355 **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:

MEYER, WILLIAM J
1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE, FL 33009 US

Name and Address of New Registered Agent:

MEYER, WILLIAM J
1617 FRANCES AVENUE
FORT PIERCE, FL 34949 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: WILLIAM J MEYER

10/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEYER, WILLIAM J
Address: 1000 PARKVIEW DRIVE
City-St-Zip: HALLANDDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEYER, WILLIAM J
Address: 1617 FRANCES AVENUE
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the 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 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 MEYER

MGR

10/13/2005

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