

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 AM 9:39

DOCUMENT # L02000017377 1. Entity Name JAFFEY HOLDINGS, LLC			
Principal Place of Business 11350 WINGFOOT DRIVE BOYNTON BEACH, FL 33437		Mailing Address 11350 WINGFOOT DRIVE BOYNTON BEACH, FL 33437	
2. Principal Place of Business 215 N. Federal Highway Suite, Apt. #, etc.		3. Mailing Address 215 N. Federal Highway Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33432		City & State Boca Raton, FL Zip 33432	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent BATMASIAN, JAMES H 215 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432		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 \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATMASIAN, JAMES H 215 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 7/11/05 Daytime Phone # 561-392-8920	

REINSTATEMENT 04-05