

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000021604

Entity Name: NIXON GROUP, LLC

FILED  
Oct 05, 2006  
Secretary of State

**Current Principal Place of Business:**

5367 ORTEGA BOULEVARD, SUITE 300  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

4538 ORTEGA FARMS CIRCLE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5367 ORTEGA BOULEVARD, SUITE 300  
JACKSONVILLE, FL 32210

**New Mailing Address:**

4538 ORTEGA FARMS CIRCLE  
JACKSONVILLE, FL 32210

FEI Number: 22-3866802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 322025059 US

**Name and Address of New Registered Agent:**

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: KATHLEEN COLD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NIXON, MICHAEL  
Address: 5367 ORTEGA BOULEVARD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: NIXON, MARGARET A  
Address: 5367 ORTEGA BOULEVARD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NIXON, MICHAEL  
Address: 4538 ORTEGA FARMS CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Change ( ) Addition  
Name: NIXON, MARGARET A  
Address: 4538 ORTEGA FARMS CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL E. NIXON

MGR.

10/05/2006

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