

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000013984

Entity Name: JACKSONVILLE 779 OP, LLC

**FILED**  
**Oct 14, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

6473 CONROY ROAD STE. 809  
ORLANDO, FL 32835

**New Principal Place of Business:**

6420 WINDER OAKS BLVD  
ORLANDO, FL 32819

**Current Mailing Address:**

6473 CONROY ROAD STE. 809  
ORLANDO, FL 32835

**New Mailing Address:**

6420 WINDER OAKS BLVD  
ORLANDO, FL 32819

FEI Number: 16-1664080      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:**

KIANG, PAUL  
6473 CONROY ROAD STE. 809  
ORLANDO, FL 32835    US

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

KIANG, PAUL  
6420 WINDER OAKS BLVD  
ORLANDO, FL 32819    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: PAUL Kiang

10/14/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: Kiang, PAUL  
Address: 6473 CONROY ROAD STE. 809  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: Kiang, PAUL  
Address: 6420 WINDER OAKS BLVD  
City-St-Zip: ORLANDO, FL 32819

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: PAUL Kiang

MGRM

10/14/2004

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