

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016597

FILED
Oct 18, 2004
Secretary of State

Entity Name: HAVENS & MILLER, P.L.L.C.

Current Principal Place of Business:

1223 AIRPORT RD., SUITE 101
DESTIN, FL 32541

New Principal Place of Business:

4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578

Current Mailing Address:

4221 COMMONS DRIVE EAST
BOX 214
DESTIN, FL 32541

New Mailing Address:

4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578

FEI Number: 58-2663666 **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:

JASON E. HAVENS, LL.M., P.L.L.C.
36468 EMERALD COAST PARKWAY
SUITE 2201
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

JASON E. HAVENS, LL.M., P.L.L.C.
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578 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: JASON E. HAVENS

10/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JASON E. HAVENS, LL., M., P.L.L.C.
Address: 4400 EAST HIGHWAY 20, SUITE 211
City-St-Zip: NICEVILLE, FL 32578

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: JASON E. HAVENS

MGRM

10/18/2004

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