


**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2004 DEC -6 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017274					
1. Entity Name JAI-JALARAM, LLC					
Principal Place of Business 4531 USEPPA DRIVE BRADENTON, FL 34203		Mailing Address 4531 USEPPA DRIVE BRADENTON, FL 34203			
2. Principal Place of Business 6520 209 STE		3. Mailing Address 6520 209 STE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number 06-1704809	
Zip 34211		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country MANATEE		Country MANATEE		11292004 REIN-LLC CR2E101 (6/04)	
8. Name and Address of Current Registered Agent BHALODIA, ASHOK L 4531 USEPPA DRIVE BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name BHALODIA, ASHOK L Street Address (P.O. Box Number is Not Acceptable) 6520 209 ST E. City BRADENTON FL Zip Code 34211		
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 <u>Khalodia</u>				DATE 11-30-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NEW/DELETED MANAGER ASHOK BHALODIA 6520 209 ST E BRADENTON FL 34211 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300043211853 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/06/04--01038--018 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300043211853 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/06/04--01038--019 **100.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Khalodia</u>				DATE 11-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

REINSTATEMENT *04*