2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 08, 2004
Secretary of State

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Entity Name: STAR CASTLES, L.L.C.

Current Principal Place of Business:

C/O FORD, JETER, BOWLUS, ET AL
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 2400
JACKSONVILLE, FL 32207

Current Mailing Address:

C/O FORD, JETER, BOWLUS, ET AL
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 2400
JACKSONVILLE, FL 32207

FEI Number: 16-1672313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FORD, JETER, BOWLUS, DUSS, MORGAN, ET AL
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

HINCKLEY, ROB CPA
1301 RIVERPLACE BLVD.
SUITE 2400
JACKSONVILLE, FL 32207 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: ROBERT HINCKLEY 11/08/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RILEY, D
Address: 2820 SOUTH 124TH ST.
City-St-Zip: WEST ALLIS, WI 53227

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: D. RILEY MGR 11/08/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date