

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023848

FILED
Aug 24, 2005
Secretary of State

Entity Name: JACKSONVILLE COMMERCIAL INVESTMENT PARTNERS, L.L.C.

Current Principal Place of Business:

10920 BAYMEADOWS ROAD, SUITE #27-209
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10920 BAYMEADOWS ROAD, SUITE #27-209
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 42-1605529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARDSLEY, DALE A ESQ.
4595 LEXINGTON AVENUE, SUITE #100
JACKSONVILLE, FL 322102058 US

Name and Address of New Registered Agent:

HSIEH, DAVID
10920 BAYMEADOWS ROAD, SUITE 27-209
JACKSONVILLE, FL 32256 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: DAVID HSIEH

08/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANELLA, MICHAEL
Address: 10920 BAYMEADOWS ROAD, SUITE #27-209
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: HSIEH, DAVID
Address: 10920 BAYMEADOWS ROAD, SUITE #27-209
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

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: DAVID HSIEH

MGRM

08/24/2005

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