

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029215

Entity Name: J & J HOLDINGS LLC

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

3102 MERION DRIVE
DESTIN, FL 32550

New Principal Place of Business:

2531 VINEYARD LANE
DESTIN, FL 32550

Current Mailing Address:

3102 MERION DRIVE
DESTIN, FL 32550

New Mailing Address:

2531 VINEYARD LANE
DESTIN, FL 32550

FEI Number: 80-0091657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEMORE, JANE K
3102 MERION DRIVE
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

MCLEMORE, JANE K
2531 VINEYARD LANE
DESTIN, FL 32550 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: JANE K. MCLEMORE

04/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MCLEMORE, JANE K
Address: 3102 MERION DRIVE
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: STOPPERT, JAMES R
Address: 8595 MAGNOLIA BAY
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCLEMORE, JANE K
Address: 2531 VINEYARD LANE
City-St-Zip: DESTIN, FL 32550

Title: MGR (X) Change () Addition
Name: STOPPERT, JAMES R
Address: 8501 TURNBERRY LANE
City-St-Zip: DESTIN, FL 32550

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: JANE K. MCLEMORE

MGR

04/23/2005

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