

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030678

Entity Name: SMB INVESTMENTS, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

209 BAYWIND DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

274 CHIPOLA COVE
DESTIN, FL 32541

Current Mailing Address:

233 KING ST.
UNIT B
CHARLESTON, SC 29401

New Mailing Address:

274 CHIPOLA COVE
DESTIN, FL 32541

FEI Number: 55-0878007 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:

BURKE, SEAN M
209 BAYWIND DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BURKE, SEAN M
274 CHIPOLA COVE
DESTIN, FL 32541 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: SEAN M BURKE

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURKE, SEAN M
Address: 233 KING ST. UNIT B
City-St-Zip: CHARLESTON, SC 29401

Title: MGRM () Delete
Name: BURKE, JOHN T JR
Address: 209 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURKE, SEAN M
Address: 274 CHIPOLA COVE
City-St-Zip: DESTIN, FL 32541

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 Chapter 119, 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: SEAN M BURKE

MGR

04/11/2006

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