2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# L03000038314

Entity Name: A & J PROPERTIES, LLC

Current Principal Place of Business:

1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

New Principal Place of Business:

1400 US HWY 441 N
STE 932
THE VILLAGES, FL 32159 US

Current Mailing Address:

1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

New Mailing Address:

1400 US HWY 441 N
STE 932
THE VILLAGES, FL 32159 US

FEI Number: 20-0406811 **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:

SMOLARSKI, ALAIN B
1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

SMOLARSKI, ALAIN B
1400 US HWY 441 N
STE 932
THE VILLAGES, FL 32159 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: ALAIN B SMOLARSKI 10/22/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SMOLARSKI, ALAIN B
Address: 1400 US HWY 441 N., STE 950
City-St-Zip: THE VILLAGES, FL 32159 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMOLARSKI, ALAIN B
Address: 1400 US HWY 441 N., STE 932
City-St-Zip: THE VILLAGES, FL 32159 US

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: ALAIN B SMOLARSKI MGR 10/22/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date