

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040870

FILED
Oct 08, 2004
Secretary of State

Entity Name: JMKG TRUST, L.L.C.

Current Principal Place of Business:

2406 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990

New Principal Place of Business:

9871 SE OSPREY PT. DR.
HOBE SOUND, FL 33455

Current Mailing Address:

2406 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990

New Mailing Address:

9871 SE OSPREY PT. DR.
HOBE SOUND, FL 33455

FEI Number: 56-2471801 **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:

SMITH, KATHERINE
2406 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

QUICKEL, GERALD
9871 SE OSPREY PT. DR.
HOBE SOUND, FL 33455 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: GERALD QUICKEL

10/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRANKLIN, JOHN
Address: 244 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANKLIN, JOHN
Address: 1602 SW HARBOR ISLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: JOHN FRANKLIN

MGRM

10/08/2004

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