


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000045655</b> 1. Entity Name <b>MCMURTRIE AND JOSEPH, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 OCT 25 AM 10:48</b>	
Principal Place of Business <b>7575 DR. PHILLIPS BLVD., SUITE 270 ORLANOD, FL 32819</b>				Mailing Address <b>7575 DR. PHILLIPS BLVD., SUITE 270 ORLANOD, FL 32819</b>			
2. Principal Place of Business <b>6985 WALLACE ROAD</b> Suite, Apt. #, etc.				3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>				City & State <b>SAME</b>			
Zip <b>32819</b>		Country <b>USA</b>		Zip <b>32819</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>JOSEPH, F. LARRY 7575 DR. PHILLIPS BLVD., SUITE 270 ORLANOD, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6985 WALLACE ROAD</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32819</b>			
8. 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. I am familiar with, and accept the obligations of registered agent: SIGNATURE <u><i>Joseph F. Larry</i></u> ME <u><i>Partner</i></u> DATE <u><b>10-19-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>				Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM JOSEPH, F. LARRY 7575 DR. PHILLIPS BLVD., SUITE 270 ORLANOD, FL 32819</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>6985 WALLACE ROAD ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM MCMURTRIE, HUDSON 7575 DR. PHILLIPS BLVD., SUITE 270 ORLANOD, FL 32819</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>6985 WALLACE ROAD ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>800060854948 10/21/05--01030--011 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>REINSTATEMENT 2005</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Joseph F. Larry</i></u> MGRM <u><b>10-19-05</b></u> <u><b>407-3706664</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							