

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000009907

1. Entity Name
JAMES MCGAVIN LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 AM 10:54

Principal Place of Business
4019 WEST PARK ROAD
HOLLYWOOD, FL 33021

Mailing Address
4019 WEST PARK ROAD
HOLLYWOOD, FL 33021

2. Principal Place of Business
4019 W. Park Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



10212005 REIN-LLC CR2E101 (6/04)

City & State
Hollywood, FL

City & State

4. FEI Number
43-2091093

Applied For
Not Applicable

Zip
33021

Country
BROWARD

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGAVIN, JAMES
4019 WEST PARK ROAD
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
STREET ADDRESS MCGAVIN, JAMES
CITY-ST-ZIP 4019 WEST PARK ROAD
HOLLYWOOD, FL 33021

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11-12-05 954 242 7422