


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 JUN 19 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000033084					
1. Entity Name JEM, LLC					
Principal Place of Business 9400 SW 96 STREET MIAMI, FL 33176			Mailing Address 9400 SW 96 STREET MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARANDIARAN, MARILYN C 9400 SW 96 STREET MIAMI, FL 33176			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 <u>Marilyn Barandiaran</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANDIARAN, MARILYN C 9400 SW 96 STREET MIAMI, FL 33176 <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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			100076432931 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/21/06--01031--024 **100.00		
SIGNATURE: <u>Marilyn Barandiaran</u>			Date <u>6/12/06</u> Daytime Phone # _____		

REINSTATEMENT 2005-2006