

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042755

Entity Name: LTM INVESTMENTS, LLC

FILED
Nov 02, 2006
Secretary of State

Current Principal Place of Business:

3536 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

14656 PLUMOSA DRIVE
JACKSONVILLE, FL 32250 US

Current Mailing Address:

PO BOX 56586
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 20-1212477 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:

MONAKEY, MICHAEL J
11945 SAN JOSE BLVD
SUITE 201
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

MCCLERREN, ADRIANA
14656 PLUMOSA DRIVE
JACKSONVILLE, FL 32250 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: ADRIANA MCCLERREN

11/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCLERREN, TODD
Address: 3536 ST JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM () Delete
Name: MCCLERREN, ADRIANA
Address: 3536 ST JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCLERREN, TODD
Address: 14656 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: MGRM (X) Change () Addition
Name: MCCLERREN, ADRIANA
Address: 14656 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TODD MCCLERREN

DR.

11/02/2006

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