2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L04000058671

Entity Name: CONTINENTAL CAPITAL COMPANY, LLC

Current Principal Place of Business:

102 WAX MYRTLE LANE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915596
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 90-0195447 **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:

FRAKES, OWEN N
102 WAX MYRTLE LANE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: OWEN N. FRAKES

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: FRAKES, OWEN N
Address: 102 WAX MYRTLE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: MGMR ( ) Change (X) Addition
Name: STURGILL, J. SCOTT
Address: 102 WAX MYRTLE LANE
City-St-Zip: LONGWOOD, FL 32779

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: OWEN N. FRAKES MGMR 01/11/2006

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