

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000066006

Entity Name: GHOST BAR, L.L.C.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

925 DUVAL ST.
KEY WEST, FL 33040

New Principal Place of Business:

1835 U.S. HWY ONE SOUTH
#317
ST. AUGUSTINE, FL 32086

Current Mailing Address:

925 DUVAL ST.
KEY WEST, FL 33040

New Mailing Address:

1835 U.S. HWY ONE SOUTH
#317
ST. AUGUSTINE, FL 32086

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BECKER, DON
422 FLEMING ST, #9
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BECKER, DON
1835 U.S. HWY ONE SOUTH
#317
ST. AUGUSTINE, FL 32086 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: DON BECKER

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECKER, DON
Address: 422 FLEMING ST. #9
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BECKER, DON
Address: 1835 U.S. HWY ONE SOUTH, #317
City-St-Zip: ST. AUGUSTINE, FL 32086

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: DON BECKER

MGRM

01/09/2006

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