


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 13 AM 9:24

DOCUMENT # L04000074737 1. Entity Name GRW INVESTMENT GROUP, LLC					
Principal Place of Business P. O. BOX 26951 JACKSONVILLE, FL 32226 US			Mailing Address P. O. BOX 26951 JACKSONVILLE, FL 32226 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 10102005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, TROY D 12366 VC JOHNSON ROAD JACKSONVILLE, FL 32218				Name <u>Troy D. Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>10608 Meadowlea Drive</u> City <u>Jacksonville</u> <u>FL</u> Zip <u>32218</u>	
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>Troy D. Williams</u> <u>J.D. Williams</u> <u>12/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, TROY D 12366 VC JOHNSON ROAD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600062119516 12/13/05--01042--011 **155.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, KECIA F 12366 VC JOHNSON ROAD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, JOHN 12241 SUMTER SQUARE DRIVE EAST JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, LASHANDA 12241 SUMTER SQUARE DRIVE EAST JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRADY, JIMMY 10310 PLANTERS WOOD DRIVE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRADY, NAYOKA 10310 PLANTERS WOOD DRIVE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Troy D. Williams</u> <u>J.D. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>12/8/05</u> <u>904-343-0558</u> <small>Date Daytime Phone #</small>		