

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000082793

Entity Name: JEM RE INVESTMENTS, LLC

FILED
Oct 13, 2006
Secretary of State

Current Principal Place of Business:

2731 SILVER STAR ROAD
ORLANDO, FL 32808 US

Current Mailing Address:

P O BOX 916181
LONGWOOD, FL 32791 US

New Principal Place of Business:

3859 WEKIVA SPRINGS ROAD
#174
LONGWOOD, FL 32779 US

New Mailing Address:

3859 WEKIVA SPRINGS ROAD
#174
LONGWOOD, FL 32779 US

FEI Number: 20-1905788 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:

OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

SHOEMAKER, TIMOTHY
3859 WEKIVA SPRINGS ROAD
#174
LONGWOOD, FL 32779 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: TIMOTHY SHOEMAKER

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHOEMAKER, TIMOTHY J
Address: 734 GALLAWAY DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHOEMAKER, TIMOTHY J
Address: 601 SWEETWATER CLUB CIRCLE
City-St-Zip: LONGWOOD, FL 32779 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: TIMOTHY SHOEMAKER

MGRM

10/13/2006

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