



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:05

<b>DOCUMENT # L04000089943</b> 1. Entity Name <b>COUNCIL INVESTMENT GROUP, LLC</b>					
Principal Place of Business <b>P.O. BOX 193 YULEE, FL 32097</b>			Mailing Address <b>P.O. BOX 193 YULEE, FL 32097</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		10182006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number <b>20-2035126</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HITE, CATHERINE ESQ. 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOBLEY, OTIS C SR. P.O. BOX 193 YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tonya R. Mobley-partner</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 193</b> <b>Yulee FL 32097</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOBLEY, OTIS C JR. 8015 NW 8TH STREET, UNIT, A305 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Anton Mobley-partner</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 193</b> <b>Yulee FL 32097</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOBLEY, JEANETTE P.O. BOX 193 YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700002833207</b> <b>12/28/06-01056--009 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2006</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Jeanette Mobley</b> <i>Jeanette E. Mobley</i> <b>12-21-06</b> <b>904-225-9397</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					