2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# L05000002177

Entity Name: LAW OFFICE OF ANNIE J. ADKINS LLC

Current Principal Place of Business:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

100 EAST LINTON BLVD.
STE. 304 A
DELRAY BEACH, FL 33483

Current Mailing Address:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Mailing Address:

100 EAST LINTON BLVD.
304 A
DELRAY BEACH, FL 33483

FEI Number: 20-2075949 **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:

ADKINS, ANNIE JEAN
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

ADKINS, ANNIE JEAN
300 CAPTAINS WALK
116
DELRAY BEACH, FL 33483 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: ANNIE J. ADKINS 10/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ADKINS, ANNIE JEAN
Address: 1375 GATEWAY BLVD.
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ADKINS, ANNIE JEAN
Address: 100 E. LINTON BLVD. STE. 304 A
City-St-Zip: DELRAY BEACH, FL 33483

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: ANNIE J. ADKINS MM 10/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date