2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000018613

Entity Name: FLORIDA JOINT VENTURES LLC

FILED Nov 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O BARBARA MCCORMACK CFP 880 FOXHOLLOW RUN 1100 JOHNSON FERRY ROAD #420 ALPHARETTA, GA 30004

ATLANTA, GA 30342 US

Current Mailing Address:

New Mailing Address:

ADDITIONS/CHANGES:

C/O BARBARA MCCORMACK CFP 880 FOXHOLLOW RUN

1100 JOHNSON FERRY ROAD #420 ALPHARETTA, GA 30004 US ATLANTA, GA 30342 US

FEI Number: 20-2383238 FEI Number Applied For () FEI Number Not Applicable ()

mber Not Applicable () Certificate of Status Desired ()

US

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: Name and Address of New Registered Agent:

VOSS, PATRICIA R ESQ. 1700 SE 15 STREET #303

FORT LAUDERDALE, FL 33316 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: PATRICIA VOSS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

tle: MGRM () Delete Title: MGRM (X) Change () Addition

Name:HOFFMAN, JOELName:HOFFMAN, JOELAddress:1325 PORTMARNOCK DRIVEAddress:880 FOXHOLLOW RUNCity-St-Zip:ALPHARETTA, GA 30005City-St-Zip:ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify 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: JOEL HOFFMAN MGRM 11/06/2007