2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR 16 AM 10: 52

DOCUMENT # L05000027969

1. Entity Name
JAMES DUGGAN, LLC

Principal Place of Business
3531 BEAR CREEK RD
TALLAHASSEE, FL 32308-5618

Mailing Address
3531 BEAR CREEK RD
TALLAHASSEE, FL 32308-5618

03162007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, JAMES
3531 BEAR CREEK RD
TALLAHASSEE, FL 32308-5618

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	DUGGAN, JAMES	NAME	
STREET ADDRESS	3531 BEAR CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 323085618	CITY-ST-ZIP	
TITLE	MGRM [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	HOFFMANN, DON	NAME	800093249813
STREET ADDRESS	2850 S LAKE BRADFORD RD	STREET ADDRESS	03/16/07--01008--005 **100.00
CITY-ST-ZIP	TALLAHASSEE, FL 323106337	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	REINSTATEMENT 06/07	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: _____ 3/16/07 (850) 56789-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #