

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 AUG -1 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000042993 1. Entry Name LJK VENTURES, LLC	
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Principal Place of Business 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301	Mailing Address 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 515 E. Park Avenue Suite, Apt. #, etc.	3. Mailing Address 515 E. Park Avenue Suite, Apt. #, etc.
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City & State Tallahassee, FL Zip 32301	City & State Tallahassee, FL Zip 32301	Country USA	Country USA
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Ricky Soto* **Ricky Soto** **Assistant Secretary** 8/1/08
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR KAGAN, ELIZABETH P 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr Kagan, Elizabeth P 515 E. Park Avenue Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200134017482 08/06/08--01009--022 **307.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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.

SIGNATURE: *Kari Rosenfeld* **Kari Rosenfeld, Authorized Representative** 7131108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #