

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 21 AM 11:39

<b>DOCUMENT # L05000047437</b> 1. Entity Name <b>EJC INVESTMENT GROUP LLC</b>					
Principal Place of Business <b>8236 Wellsmere Circle Orlando, FL 32835</b>			Mailing Address <b>8236 Wellsmere Circle Orlando, FL 32835</b>		
2. Principal Place of Business - No P.O. Box # <b>8236 Wellsmere Circle</b>		3. Mailing Address <b>8236 Wellsmere Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32835</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SIMMONS, J 4630 S. KIRKMAN RD ORLANDO, FL 32811</b>			7. Name and Address of New Registered Agent Name <b>K Cannon</b> Street Address (P.O. Box Number is Not Acceptable) <b>8236 Wellsmere Circle</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b>		
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 <span style="float: right;">October 11, 2008</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<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 HOLDINGS LLC, DRY TORTUGAS PO BOX 411 STERLING, MA 01546	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM K Cannon 8236 Wellsmere Circle Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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:		10/11/2008		407.672.6886	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT 2008