

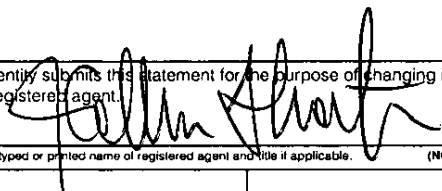
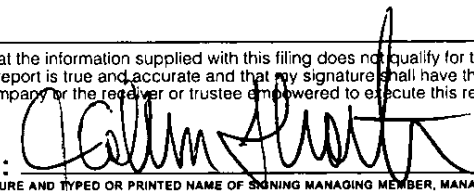


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | | | |
|--|--|---|--|--|---|---|--|
| DOCUMENT # L05000077317 1. Entity Name JCT COMPANIES, L.L.C. | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 DEC 12 AM 9:19 | |
| Principal Place of Business 510 EAST ZARAGOZA STREET PENSACOLA, FL 32502 | | | | Mailing Address 17724 JEFFERSON RIDGE DRIVE BATON ROUGE, LA 70817 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 21910 TURKEY CREEK DR | |  | | | |
| City & State BATON ROUGE, LA | | City & State BATON ROUGE, LA | | 4. FEI Number 20-3451935 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 70817 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SMITH, G. THOMAS 510 EAST ZARAGOZA STREET PENSACOLA, FL 32502 | | | | 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  | | | | DATE 12-1-06 | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THORNTON, J. COLLIER 17724 JEFFERSON RIDGE DRIVE BATON ROUGE, LA 70817 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAME 21910 TURKEY CREEK DR BATON ROUGE, LA 70817 | | |
| 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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| 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:  | | | | DATE 12-1-06 | | | |