

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091188

Entity Name: RJ INVESTCO, LLC

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

175 N.W. 1ST AVENUE
SUITE 1745
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

175 N.W. 1ST AVENUE
SUITE 1745
MIAMI, FL 33128 US

New Mailing Address:

FEI Number: 74-3154353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

HOCKMAN, PETER M
550 BILTMORE WAY
SUITE 780
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JASINSKI, RICHARD S
16320 SW 11 STREET
PEMBROKE PINES, FL 33027 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: RICHARD S. JASINSKI

10/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, ROBERT J
Address: 175 N.W. 1ST AVENUE, SUITE 1745
City-St-Zip: MIAMI, FL 33128 US

Title: MGRM () Delete
Name: JASINSKI, RICHARD S
Address: 16320 S.W. 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. JONES

MGRM

10/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date