

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092857

FILED
Oct 05, 2007
Secretary of State

Entity Name: ST. JOHNS UPSCALE PROPERTIES, LLC

Current Principal Place of Business:

2717 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

2705 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

2717 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

2705 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

FEI Number: 20-3515689 **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:

MURTAUGH, TIMOTHY J
2717 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

MURTAUGH, TIMOTHY J
2705 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205 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: TIMOTHY J. MURTAUGH

10/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURTAUGH, TIMOTHY J
Address: 2717 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MURTAUGH, TIMOTHY J
Address: 2705 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY J. MURTAUGH

MR.

10/05/2007

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