2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L05000102080

Entity Name: JAXON PROPERTIES, LLC

Current Principal Place of Business:

2226 HAMMOCK OAKS DRIVE NORTH
JACKSONVILLE, FL 32223

New Principal Place of Business:

1271 FRUIT COVE DRIVE N.
JACKSONVILLE, FL 32259

Current Mailing Address:

P.O. BOX 600197
JACKSONVILLE, FL 322600197

New Mailing Address:

1271 FRUIT COVE DRIVE N.
JACKSONVILLE, FL 32259

FEI Number: 20-3640814 **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:

JAXON, JAMES H
2226 HAMMOCK OAKS DRIVE NORTH
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

JAXON, JAMES H
1271 FRUIT COVE DRIVE N.
JACKSONVILLE, FL 32259 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: JAMES H. JAXON 01/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JAXON, JAMES H
Address: 2226 HAMMOCK OAKS DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM ( ) Delete
Name: JAXON, KELLY J
Address: 695 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JAXON, JAMES H
Address: 1271 FRUIT COVE DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32259

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

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: KELLY J. JAXON MGRM 01/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date