

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105722

Entity Name: ANDREW S. JAMES LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

19370 COLLINS AVENUE
SUITE 1524
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

19370 COLLINS AVENUE
SUITE 1524
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

101 S. FORT LAUDERDALE BEACH BLVD
1807
FORT LAUDERDALE BEACH, FL 33316

New Mailing Address:

PO BOX 2882
CULVER CITY, CA 90231 US

FEI Number: 20-4620351 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:

CREATIVE ASSET PROTECTION STRATEGIES, INC.
16191 NW 57TH AVENUE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: CREATIVE ASSET PROTECTION STRATEGIES, INC.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAMES, ANDREW S
Address: 19370 COLLINS AVENUE #1524
City-St-Zip: SUNNY ISLES B EACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES, ANDREW S
Address: 101 S FT LAUDERDALE BEACH BLVD #1807
City-St-Zip: FT LAUDERDALE, FL 33316 US

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: ANDREW JAMES

MGRM

01/08/2009

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