
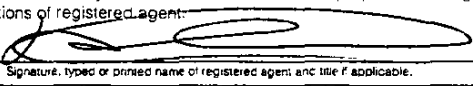
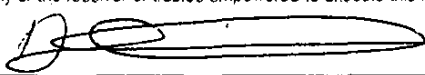


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000106095					
1. Entity Name B.J.D. MANAGEMENT LLC					
Principal Place of Business 100 21ST STREET BELLEAIR BEACH, FL 33786 US			Mailing Address 100 21ST STREET BELLEAIR BEACH, FL 33786 US		
2. Principal Place of Business - No P.O. Box # 160 Bayside Drive		3. Mailing Address P.O. Box 2282			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 20-4150070	
Zip 33767		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33767		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DETELICH, BRENT J 100 21ST STREET BELLEAIR BEACH, FL 33786			7. Name and Address of New Registered Agent Name Detelich, Brent J. Street Address (P.O. Box Number is Not Acceptable) 160 Bayside Drive City Clearwater FL Zip Code 33767		
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		 Brent J. Detelich MGRM		DATE 5/03/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete DETELICH, BRENT J		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Detelich, Brent J.	
NAME	100 21ST STREET		NAME	160 Bayside Drive	
STREET ADDRESS	BELLEAIR BEACH, FL 33786		STREET ADDRESS	Clearwater, FL 33767	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		 Brent J. Detelich MGRM			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 5/03/07		DAYTIME PHONE # 727-748-1010	

REINSTATEMENT 06-07