2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108343

Entity Name: JOSEPH WEBSTER LLC

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

128 SHEPHARDWOOD ROAD 259 MT ZION RD

CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

128 SHEPHARDWOOD ROAD 259 MT ZION RD

CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEBSTER, JOSEPH L

128 SHEPHARDWOOD ROAD 259 MT ZIÓN RD

CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 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: JOSEPH WEBSTER 02/12/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: WEBSTER, JOSEPH
Address: 128 SHEPHARDWOOD ROAD Name: WEBSTER, JOSEPH
Address: 259 MT ZION RD

City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WEBSTER, JOHN
 Name:

 Address:
 128 SHEPHARDWOOD ROAD
 Address:

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

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: JOSEPH WEBSTER MGRM 02/12/2007