2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 15, 2006
Secretary of State

DOCUMENT# L05000120439

Entity Name: B.A.M./TOMPKINS, LLC

Current Principal Place of Business:

394 FORT PICKENS ROAD
PENSACOLA, FL 32561

New Principal Place of Business:

392 NORTH BONHILL ROAD
LOS ANGELES, CA 90049 US

Current Mailing Address:

394 FORT PICKENS ROAD
PENSACOLA, FL 32561

New Mailing Address:

392 NORTH BONHILL ROAD
LOS ANGELES, CA 90049 US

FEI Number: 20-4225849 **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:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: STEPHEN R. MOORHEAD

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: HOWELL, PAMELA H
Address: 392 NORTH BONHILL ROAD
City-St-Zip: LOS ANGELES, CA 90049 US

Title: MGR ( ) Change (X) Addition
Name: MADDUX, DONALD G
Address: 392 NORTH BONHILL ROAD
City-St-Zip: LOS ANGELES, CA 90049 US

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: STEPHEN R. MOORHEAD RA 12/15/2006

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