2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -4 PM 3:41

DOCUMENT # L06000038332

1. Entity Name
BPR PERFORMANCE LLC

Principal Place of Business	Mailing Address
3634 CAMELLIA BAY DRIVE JACKSONVILLE, FL 32223 US	3634 CAMELLIA BAY DRIVE JACKSONVILLE, FL 32223 US

10032007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8602 Cathedral Oaks Pl. W	8602 Cathedral Oaks Pl. W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32217 Country: USA	Zip: 32217 Country: USA

4. FEI Number: 20-4679620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PYBURN, WILLIAM T III 3634 CAMELLIA BAY DRIVE JACKSONVILLE, FL 32223	Name: Lewis Levi Ritter IV Street Address (P.O. Box Number is Not Acceptable): 1914 Art Museum Drive City: Jacksonville FL Zip Code: 32207

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: Lewis Levi Ritter IV 10/2/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William T. Pyburn III 3634 Camellia Bay Drive Jacksonville, FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William T. Pyburn III MGRM 8602 Cathedral Oaks Pl. W Jacksonville, FL 32207	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	04/17/07-90253-007-#50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lewis Levi Ritter IV, authorized representative 10/2/2007 (904) 449-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #