



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 20 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000080896					
1. Entity Name JFP SEAHORSE INVESTMENTS LLC					
Principal Place of Business C/O JFP GROUP, LLC 625 EDEN PARK DRIVE, SUITE 1025 CINCINNATI, OH 45202			Mailing Address C/O JFP GROUP, LLC 625 EDEN PARK DRIVE, SUITE 1025 CINCINNATI, OH 45202		
2. Principal Place of Business - No P.O. Box # 8040 Hosbrook Rd.		3. Mailing Address 8040 Hosbrook Rd.			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State Cincinnati, OHIO		City & State Cincinnati OHIO		4. FEI Number 26-0397962	
Zip 45236		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 45236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBITZ, CHARLES A 515 NORTH FLAGLER DRIVE, SUITE 1700 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (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	MGRM JACOBS, TERRY 625 EDEN PARK DRIVE CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				8040 Hosbrook Rd. CINCINNATI OHIO 45236	
				600112456716 11/20/07--01025--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT					
					
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: <u>Terry Jacobs</u> <u>10/18/07</u> Date Daytime Phone #					