

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000081734

Entity Name: JAHG, LLC

FILED  
Dec 20, 2007  
Secretary of State

## Current Principal Place of Business:

% GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134

## New Principal Place of Business:

GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134

## Current Mailing Address:

% GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134

## New Mailing Address:

GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KREDI, ALBERT  
% GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

KREDI, ALBERT  
GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES, FL 33134 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: ABDUL CASANOVA, JOCELYN

12/20/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ABDUL-HADI CASANOVA, JOCELYN  
Address: 2121 PONCE DE LEON BLVD., STE 1100  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOCELYN ABDUL CASANOVA

MRS

12/20/2007

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