2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L07000044765

Entity Name: ALL INCLUSIVE DESIGN & BUILD LLC

Current Principal Place of Business:

2941 FARRINGTON ST
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

2941 FARRINGTON ST
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-8926327 **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:

ANDERSON, THOMAS P
54 DOLPHIN BLVD
PONTE VEDRA BEACH, FL 32082 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: THOMAS ANDERSON

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, THOMAS P
Address: 54 DOLPHIN BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete
Name: KELLEY, JAMES A
Address: 2941 FARRINGTON ST
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: ANDERSON, THOMAS P
Address: 54 DOLPHIN BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S (X) Change ( ) Addition
Name: KELLEY, JAMES A
Address: 2941 FARRINGTON ST
City-St-Zip: JACKSONVILLE, FL 32224 US

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: THOMAS ANDERSON P 03/03/2009

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