


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000060701		
1. Entity Name JFP SEAHORSE DEVELOPMENT COMPANY, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 24 PM 12:10

Principal Place of Business 625 EDEN PARK DRIVE, SUITE 1025 C/O JFP GROUP, LLC CINCINNATI, OH 45202	Mailing Address 625 EDEN PARK DRIVE, SUITE 1025 C/O JFP GROUP, LLC CINCINNATI, OH 45202
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2. Principal Place of Business - No R.O. Box # 8040 Hosbrook Rd Suite, Apt. #, etc. Suite 400 City & State Cincinnati, OH Zip 45236 Country USA	3. Mailing Address 8040 Hosbrook Rd Suite, Apt. #, etc. Suite 400 City & State Cincinnati, OH Zip 45236 Country USA
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02022009 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-0397851	Applied For <input type="checkbox"/> Not Applicable
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	
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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 <u>Charles Lubitz</u> Signature, typed or printed name of registered agent and title if applicable.	2/11/09 DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, TERRY 625 EDEN PARK DRIVE, SUITE 1025 CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8040 Hosbrook Rd, Suite 400 Cincinnati, OH 45236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Cheryl Stary, Auth Rep</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	2-2-09 53-977-3450 Date Daytime Phone #



A Legal Professional Association

Cheryl Stacy
Direct Dial: (513) 977-3450
Direct Fax: (513) 762-0050
cstacy@katzteller.com

February 17, 2009

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: JFP Seahorse Development Company, LLC

Dear Ladies and Gentlemen:

Enclosed for filing, in duplicate, is a 2009 Limited Liability Company Reinstatement of the above noted company. Also enclosed is our firm's check in the amount of \$377.50 for the requisite filing fee. Upon completion of the filing, please return a copy to me in the self-addressed envelope enclosed.

Should you have any questions or problems with this filing, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Stacy", is written over the typed name.

Cheryl Stacy,
Legal Assistant

/cls
Encs.
cc: Daniel P. Utt, Esq. (via e-mail w/enc.)

KTBH: 4835-7011-7635, v. 1