

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000077940

Entity Name: STERN PROPERTIES L.L.C.

FILED
Nov 03, 2008
Secretary of State

Current Principal Place of Business:

1045 COBBLESTONE DR
PENSACOLA, FL 32514

New Principal Place of Business:

1236 MAZUREK BLVD.
PENSACOLA, FL 32514

Current Mailing Address:

1045 COBBLESTONE DR
PENSACOLA, FL 32514

New Mailing Address:

1236 MAZUREK BLVD.
PENSACOLA, FL 32514

FEI Number: 20-3492388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, JASON
1045 COBBLESTONE DR
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

STERN, JASON
1236 MAZUREK BLVD.
PENSACOLA, FL 32514 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: JASON STERN

11/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STERN, JASON
Address: 1045 COBBLESTONE DR
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: BROTHERS, AMANDA
Address: 1045 COBBLESTONE DR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STERN, JASON
Address: 1236 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM (X) Change () Addition
Name: BROTHERS, AMANDA
Address: 1236 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

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: JASON STERN

MGRM

11/03/2008

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