

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L97000000458

FILED
May 01, 2007
Secretary of State

Entity Name: J.E.M. SANIBEL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1619 PERIWINKLE WAY, SUITE 102
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

1619 PERIWINKLE WAY, SUITE 102
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0842234 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:

Name and Address of New Registered Agent:

LOUWERS, THOMAS R
1619 PERIWINKLE WAY, SUITE 102
SANIBEL, FL 33957 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: JOHN MILLS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLS, JOHN
Address: 1619 PERIWINKLE WAY, SUITE 102
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: MILLS, BRIGITTE
Address: 2340 PERIWINKLE WAY SUITE B
City-St-Zip: SANIBEL ISLAND, FL 33957

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MILLS, BRIGITTE
Address: 1619 PERIWINKLE WAY SUITE 102
City-St-Zip: SANIBEL ISLAND, FL 33957

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: JOHN MILLS

MR

05/01/2007

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