2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# L99000002378

Entity Name: JMBJ FLORIDA, L.C.

Current Principal Place of Business:

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34985

New Principal Place of Business:

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

Current Mailing Address:

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34985

New Mailing Address:

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

FEI Number: 65-0699886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCINTYRE, WILLIAM C P.A.
3501 SW CORPORATE PKWY
PALM CITY, FL FL34990 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CARR, JAMES B
Address: 514 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGR ( ) Delete
Name: CARR, MICHAEL
Address: P.O. BOX 280
City-St-Zip: CASSVILLE, MO 65625

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES B CARR MGRM 10/19/2004

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