

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L99000006993

**FILED**  
**Sep 08, 2008**  
**Secretary of State**

**Entity Name:** JHS PROPERTY DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

215 CELEBRATION PLACE  
STE 500  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

7165 HORIZON CIRCLE  
WINDERMERE, FL 34786

**Current Mailing Address:**

215 CELEBRATION PLACE  
STE 500  
KISSIMMEE, FL 34747

**New Mailing Address:**

7165 HORIZON CIRCLE  
WINDERMERE, FL 34786

**FEI Number:** 59-3702067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, DAVID S ESQ  
5728 MAJOR BOULEVARD  
SUITE 550  
ORLANDO, FL 32819 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:** DAVID COHEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SLOCUMB, TANYA KIBBE  
**Address:** 215 CELEBRATION PLACE  
**City-St-Zip:** KISSIMMEE, FL 34747

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SLOCUMB, TANYA KIBBE  
**Address:** 7165 HORIZON CIRCLE  
**City-St-Zip:** WINDERMERE, FL 34786

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:** TONYA KIBBE- SLOCUMB

MGR

09/08/2008

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