

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000005171

Entity Name: P S INVESTMENTS LLC

FILED  
Aug 24, 2006  
Secretary of State

**Current Principal Place of Business:**

60 EAST SIMPSON AVE.  
JACKSON, WY 83001

**New Principal Place of Business:**

**Current Mailing Address:**

60 EAST SIMPSON AVE.  
JACKSON, WY 83001

**New Mailing Address:**

2865 TEMPLE AVE.  
SIGNAL HILL, CA 90755

FEI Number: 20-1781303      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:**

MALLER, KAREN  
ONE PROGRESS PLAZA, SUITE 1210  
ST. PETERSBURG, FL 33701      US

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

SHAFFNER, PAM  
3436 S. HOPKINS AVE.  
TITUSVILLE, FL 32780      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: PAM SHAFFNER

08/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, ROBERT A  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

Title: MGRM (X) Delete  
Name: MCCOY, FRANK S JR  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

Title: MGRM ( ) Delete  
Name: JAMES, STEPHEN E  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

Title: MGRM ( ) Delete  
Name: MORGAN, CHRISTOPHER F  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

Title: MGRM (X) Delete  
Name: ELLIS, CHAD C  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, ROBERT A  
Address: PO BOX 2869  
City-St-Zip: JACKSON, WY 83001

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

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

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 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: CHRISTOPHER F. MORGAN

MGRM

08/24/2006

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