2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# M06000005599

Entity Name: THE COURTLAND GROUP, LLC

Current Principal Place of Business:

15288 YELLOW BLUFF RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

15288 YELLOW BLUFF RD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 04-3820232 **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:

BLACKBURN, COURTNEY
15288 YELLOW BLUFF RD
JACKSONVILLE, FL 32226 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: COURTNEY S. BLACKBURN
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLACKBURN, COURTNEY
Address: 15288 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM ( ) Delete
Name: BARTEK, ANTHONY
Address: 1649 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BARTEK, ANTHONY
Address: 15288 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

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: COURTNEY S. BLACKBURN MGRM 10/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date