

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M98000001390

Entity Name: SJGC, LLC

FILED
Oct 27, 2004
Secretary of State

Current Principal Place of Business:

5601 NW ST. JAMES ROAD
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

5601 NW ST. JAMES BLVD
PORT ST. LUCIE, FL 34983

Current Mailing Address:

3305 WEST OAK STREET
LEBANON, PA 17042

New Mailing Address:

3350 WEST OAK STREET
LEBANON, PA 17042

FEI Number: 54-1927827 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:

MAYS, R. DANIEL
14610 SW 64TH COURT
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

GELBKE, MARC
5601 NW ST. JAMES BLVD
PORT ST. LUCIE, FL 34983 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: MARC GELBKE

10/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MAYS, R. DANIEL
Address: 3305 WEST OAK STREET
City-St-Zip: LEBANON, PA 17042

Title: MGRM () Delete
Name: GARCHIK, STEPHEN J
Address: 3305 WEST OAK STREET
City-St-Zip: LEBANON, PA 17042

Title: MGRM (X) Delete
Name: CAPORALETTI, JOHN
Address: 3305 WEST OAK STREET
City-St-Zip: LEBANON, PA 17042

Title: MGRM (X) Delete
Name: SNIDER, STEVEN S
Address: 1455 PENNSYLVANIA AVE. NW, SUITE 1000
City-St-Zip: WASHINGTON, DC 20004

Title: MGRM (X) Delete
Name: LEAHY, WILLIAM F
Address: 16850 SUDLEY RD
City-St-Zip: CENTERVILLE, VA 20120

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPORALETTI, JOHN
Address: 3350 WEST OAK STREET
City-St-Zip: LEBANON, PA 17042

Title: MGRM (X) Change () Addition
Name: LEAHY, WILLIAM F
Address: 3350 WEST OAK STREET
City-St-Zip: LEBANON, PA 17042

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 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: JOHN CAPORALETTI

PRES

10/27/2004

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