

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 21, 2004
Secretary of State**

DOCUMENT# L02000024913

Entity Name: M X 3, L.L.C.

Current Principal Place of Business:

800 STERTHAUS AVENUE STE. B
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

800 STERTHAUS AVENUE STE. B
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 13-4212891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWNSEND, MICHAEL
800 STERTHAUS AVENUE STE. B
ORMOND BEACH, FL 32174 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: MGR () Delete
Name: TOWNSEND, MICHAEL E
Address: 800 STERTHAUS AVENUE STE. B
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: DIMAYUGA, MICHAEL R
Address: 800 STERTHAUS AVENUE STE. B
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: LASTARZA, MARK W
Address: 800 STERTHAUS AVENUE STE. B
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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: MICHAEL E. TOWNSEND

MGR

10/21/2004

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