

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024913

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

335 CLYDE MORRIS BLVD
SUITE 290
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

335 CLYDE MORRIS BLVD
SUITE 290
ORMOND BEACH, FL 32174

New Mailing Address:

335 CLYDE MORRIS BLVD
SUITE 290
ORMOND BEACH, FL 32174 31

FEI Number: 13-4212891 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:

Name and Address of New Registered Agent:

TOWNSEND, MICHAEL E MGR
335 CLYDE MORRIS BLVD,
SUITE 290
ORMOND BEACH, FL 32174 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOWNSEND, MICHAEL E
Address: 335 CLYDE MORRIS BLVD, SUITE 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: DIMAYUGA, MICHAEL R
Address: 335 CLYDE MORRIS BLVD, STE 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: LASTARZA, MARK W
Address: 335 CLYDE MORRIS BLVD, SUITE 290
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 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: MICHAEL R DIMAYUGA

PRES

05/01/2008

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