2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013803 1. Entity Name

MPE-NEC, LLC

Principal Place of Business

Mailing Address

FILED Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90138 007 ****50.00

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City & State City & Ci	Suite, Ap	vt. #, etc.	Suite Apt # etc	Suite Ant # etc					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	Uity & Sta	<u>a</u> fe	City & State		li i		⊢		
To compare any address of Current Registered Agent MATTHEWS, ROBERT 1710 CROSSWINDS LANDING FT. WALTON BEACH FL 32542 7 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of how the period when the street agent, or both, in the State of Figural Lam familiar with, and accept the obligations of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligations of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligations of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obligation of registered agent, or both, in the State of Figural Lam familiar with, and accept the obl	Zip	Country	Zip	Country		· · · · · · · · · · · · · · · · · · ·	□ \$5.00 A	dditional	
MATTHEWS, ROBERT 1710 CROSSWINDS LANDING FT. WALTON BEACH FL 3254/7 8. 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. I am familiar with, and accept the obligations of registered rame of inguisers based that later familiar with, and accept the obligations of registered rame of inguisers based. SIGNATURE SIGNATURE MARK MANAGING MEMBERS/MANAGERS TILLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MATTHEWS, ROBERT TITLE MORN MATTHEWS, ROBERT MORN MATTHEWS, RO		6. Name and Address of Current	Registered Agent	+ -	7. Nar	ne and Address of New i		ired	
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Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10.	SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent siç	mature required when reinsta	ting)	12 200 1		
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #