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06 MAY 25 PM 2:50

J. BRYAN MAY 31 2006

# DAVID L. MACKAY ATTORNEY, P. A.

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Mailing Address:  
Post Office Box 206  
Ocala, Florida 34478-0206

Physical Address:  
2801 Southwest College Road, Suite #9  
Ocala, Florida 34474

Telephone: (352) 237-3800  
Facsimile: (352) 237-0299  
E-mail: mrocala@worldnet.att.net

May 24, 2006

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

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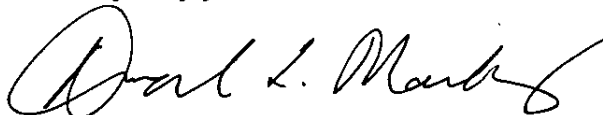
Re: S Curve Holdings, LLC. – Articles of Amendment  
Change of Registered Agent

## TO WHOM IT MAY CONCERN:

Enclosed is the original and one copy of Amended and Restated Articles of Organization for S Curve Holdings, LLC, together with my check in the amount of \$50.00, representing the filing fee for the Articles of Amendment, and the fee for change of Registered Agent. Please acknowledge receipt and filing of the articles on the acknowledgment copy which is enclosed and return it to me at the above address.

Thank you for your attention to this matter.

Very truly yours,



DAVID L. MacKAY

DLM/jf

Enclosures

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION**  
**OF**  
**S CURVE HOLDINGS, LLC**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – COMPANY NAME**

The name of this Limited Liability Company is **S CURVE HOLDINGS, LLC.**

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

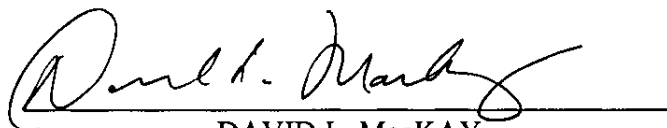
S Curve Holdings, LLC 939 North Magnolia Avenue Ocala, Florida 34475	S Curve Holdings, LLC Post Office Box 6 Ocala, Florida 34478-0206
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**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

DAVID L. MacKAY, ESQUIRE  
2801 SOUTHWEST COLLEGE ROAD, UNIT 9  
OCALA, FLORIDA 34474

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



DAVID L. MacKAY  
Registered Agent's Signature

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of the Manager or Managing Member are as follows:

**Title**

**Name and Address:**

“MGR” = Manager”

“MGRM =Managing Member

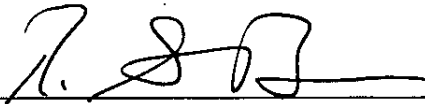
MGRM	R. Scot Brown 206 Southwest Tenth Street Ocala, Florida 34474
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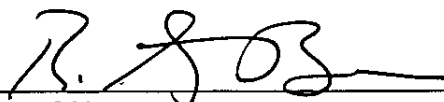
(Use attachment if necessary)

Note: An additional article must be added if an effective date is requested.

Required Signature:



Signature of a member or an authorized representative of a member.  
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. SCOT BROWN   
Typed or Printed Name of Signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)