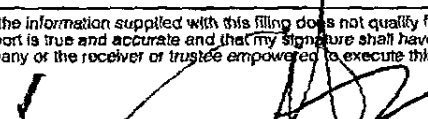


FILED
Apr 26, 2006 08:00 AM
Secretary of State

EPDVNF0U\$ L02000022396				Secretary of State	
2/ Entity Name MOUNT VERNON, LLC					
Principal Place of Business 2186117X135J TL8FU NENJGM44276		Mailing Address 2186117X135J TL8FU NENJGM44276			
3/ Principal Place of Business		4/ Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006 Di h.MMD OS3F194322016*	
City & State		City & State		5/ FEI Number 56-2293056	
Zip		Country		6/ Certificate of Status Desired ☐ 96/11 See/jpobm GTTSTrvj/s	
7/ Obn f lboelBee\$ t t lpgDvaf ouSf hjt d' e lBhf ou		8/ Obn f lboelBee\$ t t lpgDf x lSt hjt d' e lBhf ou			
GARCIA, FELIX C C/O GARCIA ACCOUNTING & TAX SERVICE, INC. 10750 S.W. 24TH STREET MIAMI, FL 33165		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
				Zip Code GM	
9/ 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 agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Nhl f d l d' qbzberh up Gpqb Eb qbqn f oupgTub			
1/ MANAGING MEMBERS/MANAGERS			21/ ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERKENSTADT, DANIEL E 9601 COLLINS AVE., #508 BAL HARBOUR, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1100000534559 05/08/06-80016-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONEN, TZACHI 9601 COLLINS AVE., #508 BAL HARBOUR, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
22/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
T.J.HOBUSF:  4/21/06					
T.J.HOBUSF BOE L2C0FE PS, CEJUE CBTF PST.HOON H8OBHCH HPHCF3-H8OBNS-PSI8VLE PS4 FEISFOBTFOUBWVF					
Date _____ Daytime Phone # _____					