

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024545

FILED
Oct 08, 2004
Secretary of State

Entity Name: REALITY BREAK, L.L.C.

Current Principal Place of Business:

109 OAK SHORES DR.
NICEVILLE, FL 32578

New Principal Place of Business:

245 SWEETWATER RUN
NICEVILLE, FL 32578

Current Mailing Address:

109 OAK SHORES DR.
NICEVILLE, FL 32578

New Mailing Address:

245 SWEETWATER RUN
NICEVILLE, FL 32578

FEI Number: 59-3661041 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:

OWEN, DAVID A
1221 AIRPORT RD., STE. 208
DESTIN, FL 32541 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: P () Delete
Name: FARRELL, ANDREA
Address: 109 OAK SHORES DR.
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: RODDEN, ROGER
Address: 315 SILVER OAKS CT.
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARRELL, ANDREA
Address: 109 OAK SHORES DR.
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Change () Addition
Name: RODDEN, ROGER
Address: 315 SILVER OAKS CT.
City-St-Zip: ROSWELL, GA 30075

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: ANDREA FARRELL

MGR

10/08/2004

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