
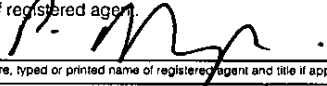



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000033300 1. Entity Name MMR II, LLC			SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 15 AM 9:34
Principal Place of Business 1750 NORTH FLORIDA MANGO ROAD STE. 103 WEST PALM BEACH, FL 33409		Mailing Address 1750 NORTH FLORIDA MANGO ROAD STE. 103 WEST PALM BEACH, FL 33409	
2. Principal Place of Business 1601 BELVEDERE ROAD <small>Suite, Apt. #, etc.</small> SUITE 407 SOUTH <small>City & State</small> WEST PALM BEACH FL <small>Zip</small> 33406		3. Mailing Address 1601 BELVEDERE ROAD <small>Suite, Apt. #, etc.</small> SUITE 407 SOUTH <small>City & State</small> WEST PALM BEACH FL <small>Zip</small> 33406	
4. FEI Number 13-4228117		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent METZ, JOHN 1750 NORTH FLORIDA MANGO ROAD STE. 103 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent <small>Name</small> MAPES, PAUL <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1601 BELVEDERE ROAD, SUITE 407 SOUTH <small>City</small> WEST PALM BEACH <small>FL</small> <small>Zip Code</small> 33406	
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 agent.			
SIGNATURE 		PAUL MAPES 8/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM METZ, JOHN C 1750 NORTH FLORIDA MANGO ROAD STE. 103 WEST PALM BEACH, FL 33409	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">04-05</div>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM MEYER, ARTHUR I 1601 BELVEDERE, SUITE 470S WEST PALM BEACH, FL 33406	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">100058600921</div> <div style="font-size: 1.2em; font-weight: bold;">08/15/05--01073--011 **200.00</div>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		PAUL MAPES 8/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date</small>		<small>Daytime Phone #</small>	