

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054845

FILED
Oct 20, 2004
Secretary of State

Entity Name: LANGSTON CAPITAL LLC

Current Principal Place of Business:

2700 WESTHALL LANE
SUITE 228
MAITLAND, FL 32751

New Principal Place of Business:

2700 WESTHALL LANE
SUITE 120
MAITLAND, FL 32751

Current Mailing Address:

2700 WESTHALL LANE
SUITE 228
MAITLAND, FL 32751

New Mailing Address:

2700 WESTHALL LANE
SUITE 120
MAITLAND, FL 32751

FEI Number: 20-1021611 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:

O'NEAL, MICHAEL J
2039 KAYLAS COURT
ORLANDO, FL 32817 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: MGR () Delete
Name: O'NEAL, MICHAEL J
Address: 2039 KAYLAS COURT
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR () Delete
Name: O'NEAL, JENNIFER L
Address: 1065 SUGARTREE DRIVE NORTH
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J O'NEAL

MGR

10/20/2004

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