2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

FILED Jun 29, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L0400009617 1. Entity Name 3MG LLC						06-29-2005	90087 02	4 ****50	0.00
Principal Place	e of Business	Mailing Address							
	ETON SQ BLVÐ E	8214 PRINCETON SQ BLVD E					5	0054	150
APT 1513 JACKSONVILLE, FL 32256 US		APT 1513 Jacksonville, FL 32256 US				-	J	0004	110
JACKSUNVILL	.c, rc 32230 U3	JACKSUNVILLE, PL 32	200 1	JS		III EDIN DIZIK DDIN DĞIR DZI	r and mai tādi	. 11101 1111 120	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042005		CR2E08			
City & State	9	City & State			4. FEI Num	ber -3114126			plied For t Applicable
Zip Country		Zip Cou		ntry		\$5.00 Autobio			
				5. Certifica	5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name ar	d Address of New R	egistered Ag	ent	
MADDIDA:	TIA MILIDALIM			Name					
	TLA, MURALI M ICETON SQ BLVD E			Street Add	dress (P.O. Box Num	ber is Not Acceptable	9)		
APT 1513	·····								
JACKSON	VILLE, FL 32256								
				City			FL	Zip Code	•
	named entity submits this statement fions of registered agent.	or the purpose of changing its	registere	ed office or re	egistered agent, or b	oth, in the State of Flo	orida. I am fa	niliar with,	and accept
SIGNATURE .									
 .	Signature, typed or printed name of registered agen	and title if applicable. (NQT	E: Registere	d Agent signature	required when reinstating)	T	DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2005					Make check payable to Florida Department of State			
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	· [Change	Addition
NAME	MADDIPATLA, MURALI M			Ε					
STREET ADDRESS CITY-ST-ZIP	8214 PRINCETON SQ BLVD E APT 1513 JACKSONVILLE, FL 32256			ET ADDRESS - ST - ZIP					
TITLE	SACKSONVIELE, FE 32230	☐ Delete						Chann	O Addition
NAME		∟ Delete	TITLE NAM	1				☐ Change	Addition
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STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					<u>. </u>
indicated	certify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	n this tiling does not qualify for I that my signature shall have te ampowered to execute this	r the exe the same report as	mption stated e legal effect strenuised by	d in Section 119.07(3 as if made under oa Chapter 608, Florida	I)(I), Florida Statutes. th; that I am a manaç a Statutes	I lurther certif ging member	that the in or manage	formation r of the