2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State
05-02-2005 90366 048 ****50.00

DOCUMENT # L04000038317

1. Entity Name
X PLEX, LLC

Principal Place of Business	Mailing Address
453 WOODSTOCK DRIVE PORT ORANGE, FL 32127	453 WOODSTOCK DRIVE PORT ORANGE, FL 32127

04072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
663 Quercus St.		663 Quercus St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port Orange, FL.		City & State: Port Orange, FL	
Zip: 32127	Country: Volusia	Zip: 32127	Country: Volusia

4. FEI Number: 57-1208907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PECORARO, VINCENT
453 WOODSTOCK DRIVE
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name: JEFF WALKER
Street Address (P.O. Box Number is Not Acceptable): 663 QUERCUS ST.
City: PORT ORANGE FL Zip Code: 32127

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: [signature] JEFF WALKER 6/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PECORARO, VINCENT		NAME		
STREET ADDRESS	453 WOODSTOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALKER, JEFF		NAME		
STREET ADDRESS	663 QUERCUS STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/28/05 386 214 1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #