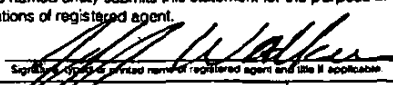
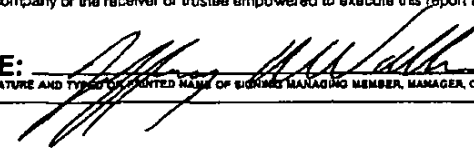


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **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 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127		Mailing Address 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127	
2. Principal Place of Business 663 QUERCUS ST.		3. Mailing Address 663 QUERCUS ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL	
Zip 32127		Zip 32127	
Country VOLUSIA		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 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  JEFF WALKER DATE 6/6/05 (NOTE: Registered Agent signature required when re-registering)			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR PECORARO, VINCENT 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 4/28/05 386 214 1939 Daytime Phone #	