

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000038317**

1. Entity Name  
**X PLEX, LLC**



Principal Place of Business      Mailing Address

**663 QUERCUS STREET**      **663 QUERCUS STREET**  
**PORT ORANGE, FL 32127 US**      **PORT ORANGE, FL 32127 US**

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**57-1208907**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, JEFF**  
**663 QUERCUS STREET**  
**PORT ORANGE, FL 32127**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECORARO, VINCENT 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000548422  
 05/12/06-80064-001 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeffrey R. Walker      **JEFFREY R. WALKER**      4/28/06      3862995752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #