2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000055154

Entity Name: FUTURES ELEVEN, LLC

3563 HERON DRIVE SOUTH

JACKSONVILLE BEACH, FL 32250

Address:

City-St-Zip:

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1636 INKBERRY LANE JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 1636 INKBERRY LANE JACKSONVILLE, FL 32259 FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent: MACLEAN, MARK B MACLEAN, MARK B 1645 SAN MARCO BLVD. 2033 FLESHER AVENUE SUITE 1 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US 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: MARK B. MACLEAN 07/13/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MACEY, ROBERT A Name: Name: 1636 INKBERRY LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HORNISH, 2. □ WILLIAM E JR. Name: Address: 4126 S WEATHERWOOD EST. DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FRYOUX, KURT Name: Name: 1640 INKBERRY LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GOLBY, GARY S Name: 480 BELL BRANCH LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition LEWIS, RONALD W II Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT A. MACEY MGRM 07/13/2006