2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 08, 2006
Secretary of State

DOCUMENT# L04000058734

Entity Name: EAGLEVISION CONSULTING GROUP, LLC

Current Principal Place of Business:

934 N. MAGNOLIA AVE.
SUITE 307
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2048
ORLANDO, FL 32802

New Mailing Address:

934 N. MAGNOLIA AVE.
SUITE 307
ORLANDO, FL 32803

FEI Number: 20-1517958 **FEI Number Applied For ( )** **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:

KELLY, ROGER C
6310 GAMBLE DRIVE
ORLANDO, FL 328184012 US

Name and Address of New Registered Agent:

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: ROGER C. KELLY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KELLY, ROGER C
Address: 6310 GAMBLE DR.
City-St-Zip: ORLANDO, FL 328184012

Title: MGR ( ) Delete
Name: KELLY, RAYMER O
Address: 11638 S. CORMORANT CIRCLE
City-St-Zip: PARKER, CO 80134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: KELLY, RAYMER O
Address: P. O. BOX 2065
City-St-Zip: CRESTVIEW, FL 32536

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.

SIGNATURE: RAYMER O. KELLY MGR 12/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date