LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

May 22, 2008 8:00 am Secretary of State DOCUMENT # L0400084665 04-16-2008 90117 018 ****50.00 1. Entity Name 05-22-2008 90511 023 ****88.75 M1 Holdings LLC 60043654 2. Principal Place of Business 3. Mailing Address 5851 Lagorce Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 20-2593071 Lake Worth, FL Not Applicable Country Country \$5.00 Additional 33463 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Marc Mason DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5851 Lagorce Circle City Lake Worth 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 S'GNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY, 1. TITLE Marc Mason HAME NAME 5851 Lagorce Circle STREET ADDRESS STREET ADDRESS Lake Worth, FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE IIILE NASAE NÁME" ... STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE inte IN THIS SPACE KUÆ .. HAME " STREET ADDRESS STREET ADDRESS CJTY-ST-70 CITY-ST-ZIP... TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. MTI F MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P 11. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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. MARC MASON