## **2007 LIMITED LIABILITY COMPANY**

## **FILED** Feb 12, 2007 08:00 AM DOCUMENT # L05000056515 **Secretary of State** 1. Entity Name MI-2, LLC Principal Place of Business Mailing Address 261 PLANTATION CIRCLE SOUTH 261 PLANTATION CIRCLE SOUTH PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 02092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5311894 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAYDEN, ARTHUR J DO NOT WRITE 261 PLANTATION CIRCLE SOUTH PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 8. The above raimed 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR HAYDEN, ARTHUR J MALLE 11000000632017 STREET ADDRESS 261 PLANTATION CIRCLE SOUTH 02/21/07~80006-002 50.00 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 cath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone #