2007 LIMITED LIABILITY COMPANY

FILED May 03, 2007 08:00 AM Secretary of State

DOCUMENT # L05000057510 1. Entity Name MIDDLE ROCK US LLC			
Principal Place of Business KLAPPARSTIGUR #7 REYKJAVIK 101 ICELAND,	. OC	Mailing Address KLAPPARSTIGUR #7 REYKJAVIK 101 ICELAND,	OC



DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4318778

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SETCHEN, JASON ESQ 999 PONCE DE LEON BLVD., SUITE 605 CORAL GABLES, FL 33134

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The above named entry submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAGNARSSON, ASGEIR
STREET ADORESS	KLAPPARSTIGUR #7
CITY-ST-ZIP	REYKJAVIK 101 ICELAND,
TITLE	MGRM
NAME	BERGVINSSON, LUDVIK
STREET ADDRESS	KLAPPARSTIGUR #7
CITY-ST-ZIP	REYKJAVIK 101 ICELAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	•
STREET ADDRESS	
CffY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex

U00000759899 05/24/07-80060-025 50.00

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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.