DOCUMEN	IT# L98000	001403								COURS
1. Entity Name MPIB, LIMITED LIABILITY COMPANY						FILED: SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Busin	ness	Mailing Address				01 SE	P 27 PM	4: 09		
602 FRONT STREET CELEBRATION FL 34747		602 FRONT STREET CELEBRATION FL 34747				J. J. L. T. T. J.				
2. Principal Place of Bu	usiness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					T WRITE IN THIS		1 88183 (311 1 83 1	
City & State					4. FEI N				pplied For	٦
Zip	Country		Count	4	4. FEIN	59-3	537066	N	ot Applicable	1
	Country	Zip ·		itry	5. Certificate of Status Desired S5.00 Additional Fee Required					
6. Na	me and Address of Current F	Registered Agent		Name	7. Name	e and Address of	dress of New Registered Agent			}
-,	ron fields	-		Street Addre	ss (P.O. Box N	lumber is Not Acci	eptable)			
255 South Orange Ave., Suite 1 Orlando Fl 32801		300			□ Zip Code					
8. The above named entity submits this statement for the purpose of changing its r				City						1
8. The above named en	ntity submits this statement for	the purpose of changing it	< registere		etered agent.	or both, in the State	FL e of Florida	- Zip Coc		1
	ntity submits this statement for	the purpose of changing it	ts registere		stered agent, o	or both, in the Stati		ZIP Cod		}
SIGNATURE	ntity submits this statement for							• ZIP Coc		1
SIGNATURE Signature, typ		ind title if applicable. (NO FILE N Make Check P.	OTE: Registered	ed office or region of Agent signature requirements of the State of th	uired when reinstatii	™ 00000 -10⁄	DATE 46183	38 0 -	2 09	1111
SIGNATURE	rped or printed name of registered agent as	nd title if applicable. (NO FILE N Make Check P Due B	OTE: Registered NOW!!! F Payable to By Septen	ed office or regi	uired when reinstatii	**************************************	DATE DATE 146183 01/0101 ***\$50.00	38 0 -	2 09	1
SIGNATURE Signature, lyg 9. TITLE MGR COLLI	rped or printed name of registered agent as MANAGING MEMBER	nd title if applicable. (NO FILE N Make Check P Due B	NOW!!! Frayable to	d Agent signature requirements of the property	uired when reinstatii	**************************************	DATE 46183	38 0 -	2 09	3 (5/01)
SIGNATURE Signature, lyg 9. TITLE NAME: STREET ADDRESS CITY-ST-ZIP CELE	rped or printed name of registered agent as MANAGING MEMBEF	Make Check P Due B RS/MANAGERS	NOW!!! Frayable to by Septen 10. TITLE NAME STREE CITY-	d Agent signature requirements of the property	uired when reinstatii	**************************************	DATE DATE 146183 01/0101 ***\$50.00	3:3()- 10730 ***** Change	2 09 50.00	12E083 (5/01)
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9/24/01

(407) 566-813L

STAPLE CHECK HERE

SIGNATURE: SIGNATURE DE CRIRGIDA SIGNATURE SIGNATURE AND IT EED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED BEI