

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M01000000258

FILED
Oct 27, 2004
Secretary of State

Entity Name: T-REX BROKERAGE LLC

Current Principal Place of Business:

C/O T-REX TECHNOLOGY CENTERS, LLC
5301 WISCONSIN AVE., N.W., STE. 740
WASHINGTON, DC 20015

New Principal Place of Business:

C/O T-REX CAPITAL, LLC
5335 WISCONSIN AVE, STE 960
WASHINGTON, DC 20015

Current Mailing Address:

C/O T-REX TECHNOLOGY CENTERS, LLC
5301 WISCONSIN AVE., N.W., STE. 740
WASHINGTON, DC 20015

New Mailing Address:

C/O T-REX CORPORATE CENTER, LLC
5000 T-REX AVENUE, STE 100
BOCA RATON, FL 33431

FEI Number: 52-2206068 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:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PREMINGER, CLIFFORD J
Address: 5301 WISCONSIN AVE., N.W., STE. 740
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM () Delete
Name: MULROY, THOMAS M
Address: 5301 WISCONSIN AVE., N.W., STE. 740
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM () Delete
Name: STAVOLA, JOAN
Address: 5000 T-REX AVE., STE. 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PREMINGER, CLIFFORD J
Address: 5335 WISCONSIN AVE., STE. 960
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM (X) Change () Addition
Name: MULROY, THOMAS M
Address: 5335 WISCONSIN AVE., STE 960
City-St-Zip: WASHINGTON, DC 20015

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOAN STAVOLA

VP

10/27/2004

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