

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001955

Entity Name: M-POWER MARKETING LLC

FILED  
Mar 21, 2007  
Secretary of State

**Current Principal Place of Business:**

4024 NW 24TH TERRACE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4024 NW 24TH TERRACE  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 38-3641573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN, MARC  
8634 NW 59 PLACE  
PARKLAND, FL 33067 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: SILVER, JEFFREY H  
Address: 4024 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete  
Name: SILVER, LISA M  
Address: 4024 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: SILVER, JEFFREY H  
Address: 4024 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

Title: PRES (X) Change ( ) Addition  
Name: SILVER, LISA M  
Address: 4024 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY H. SILVER

VP

03/21/2007

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