


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000029228 1. Entity Name MLM FINANCIAL SERVICES, LLC	
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Principal Place of Business 3900 CENTRAL AVENUE ST. PETERSBURG, FL 33711-1238 US	Mailing Address 3900 CENTRAL AVENUE ST. PETERSBURG, FL 33711-1238 US
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01072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4866159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBST, MARK D MD, PHD  
 3900 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33711-1238

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark D. Herbst MD PHD DATE 1/7/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERBST, MARK D MD, PHD 3900 CENTRAL AVEUE ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OREGON, LARRY 1450 ARCHER STREET LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUZZI, MICHAEL 6600 RIVER CLUB BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000777233  
 01/09/08-80055-020 138.75

**DO NOT WRITE IN THIS SPACE**

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 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: Mark D. Herbst MD PHD DATE 1/7/08 DAYTIME PHONE # 727-327-5046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #