

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004161

Entity Name: M ST. PETE, L.L.C.

FILED  
Feb 13, 2006  
Secretary of State

**Current Principal Place of Business:**

4014 GUNN HWY  
250  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4014 GUNN HWY  
250  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3639029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOBLEY, TIMOTHY F  
4014 GUNN HWY  
250  
TAMPA, FL 33618 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: MOBLEY, TIM  
Address: 4014 GUNN HWY STE 250  
City-St-Zip: TAMPA, FL

Title: MGR ( ) Delete  
Name: MEACHER, STEVEN  
Address: 4215 CARTNAL AVE.  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES:**

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

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 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: TIMOTHY F MOBLEY

MGR

02/13/2006

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