

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004161

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

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

4014 GUNN HWY  
250  
TAMPA, FL 33618

## New Principal Place of Business:

14824 N FLORIDA AVE  
TAMPA, FL 33613

## Current Mailing Address:

4014 GUNN HWY  
250  
TAMPA, FL 33618

## New Mailing Address:

14824 N FLORIDA AVE  
TAMPA, FL 33613

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:

MOBLEY, TIMOTHY F  
14824 N FLORIDA AVE  
TAMPA, FL 33613 US

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:

01/14/2008

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: MGR (X) Change ( ) Addition  
Name: MOBLEY, TIM  
Address: 14824 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613

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

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2008

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