


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000014124 <b>1. Entity Name</b> M & S INVESTMENTS, L.L.C.	
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<b>Principal Place of Business</b> 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203	<b>Mailing Address</b> 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203
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**DO NOT WRITE IN THIS SPACE**



01052006No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 65-1072241	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CONIGLIO, SAMUEL M III  
3910 GOLF PARK LOOP  
SUITE #1  
BRADENTON, FL 34203

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

1000000508955  
04/28/06-80026-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	CONIGLIO, SAMUEL M III
<b>STREET ADDRESS</b>	3910 GOLF PARK LOOP, SUITE #1
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34203
<b>TITLE</b>	MGRM
<b>NAME</b>	CONIGLIO, CAROL A
<b>STREET ADDRESS</b>	3910 GOLF PARK LOOP, SUITE #1
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34203
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:** Samuel M. Coniglio, III *Samuel M. Coniglio, III* **4/8/06** **941-351-2664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #