

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012787

Entity Name: MST OF FLORIDA, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

301 SOUTH MILWEE ST.
1009
LONGWOD, FL 32750

New Principal Place of Business:

327 SAVANNAH HOLLY LANE
SANFORD, FL 32771

Current Mailing Address:

301 SOUTH MILWEE ST.
1009
LONGWOD, FL 32750

New Mailing Address:

327 SAVANNAH HOLLY LANE
SANFORD, FL 32771

FEI Number: 59-3736070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, THOMAS H
301 S. MILWEE ST.
1009
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

HAMLIN, THOMAS H
327 SAVANNAH HOLLY LANE
SANFORD, FL 32750 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: THOMAS H. HAMLIN

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERNSTEIN, MELVYN S
Address: 301 S. MILWEE ST. #1009
City-St-Zip: LONGWOD, FL 32750

Title: MGR (X) Delete
Name: HAMLIN, THOMAS
Address: 301SO. MILWEE ST. #1009
City-St-Zip: LONGWOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAMLIN, THOMAS H
Address: 327 SAVANNAH HOLLY LANE
City-St-Zip: SAFORD, FL 32771

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: THOMAS H. HAMLIN

MGR

01/10/2006

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