


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90033 027 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000010905	
1. Entity Name <b>M LLOYD, LLC</b>	

Principal Place of Business <b>2428 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>2428 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1705 HENDRICKS AVE</b>	3. Mailing Address <b>1705 HENDRICKS AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JAX. FLA.</b>	City & State <b>JAX. FLA</b>
Zip <b>32207</b>	Zip <b>32207</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>ROMANO, MICHAEL R 2428 HENDRICKS AVE. JACKSONVILLE, FL 32207</b>	
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07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>71-0890438</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 <b>MICHAEL R. ROMANO</b>	DATE <b>7-10-7</b>

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMANO, MICHAEL R 2428 HENDRICKS AVENUE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1245 Belmont Terr #3 JAX. FLA 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROMANO, MICHAEL R 2428 HENDRICKS AVENUE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1245 Belmont Terr #3 JAX. FLA. 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMANO, MICHAEL R 2428 HINOMICKS AVE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1245 Belmont Terr. JAX. FLA. 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMANO, MICHAEL R 2428 HENDRICKS AVENUE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1245 Belmont Terr. JAX FLA 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>MICHAEL R. ROMANO</b>	DATE <b>7-10-7</b> (904) 477-8511