



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90069 021 \*\*\*\*50.00

<b>DOCUMENT # L02000011085</b> 1. Entity Name <b>MSA MARKETING, L.L.C.</b>					
Principal Place of Business <b>6513 14TH STREET WEST BRADENTON, FL 34207</b>			Mailing Address <b>6513 14TH STREET WEST BRADENTON, FL 34207</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>#139</b>		3. Mailing Address Suite, Apt. #, etc. <b>#139</b>			
City & State		City & State		07262005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>02-0589296</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>POWELL, G. DAVID II 6240 GEORGIA AVE. BRADENTON, FL 34207</b>			7. Name and Address of New Registered Agent Name <b>G. David Powell III</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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>G. David Powell III</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>7-24-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, DAVID G 6240 GEORGIA AVE BRADENTON, FL 34207	<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	<b>MGR Michael R Powell 6240 Georgia Ave Bradenton FL 34207</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		
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 exemption stated in Section 119.07(3)(i), 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>G. David Powell III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>7/24/05</b> Daytime Phone # <b>(941) 855-0806</b>		