


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L02000019299 1. Entity Name MASS TORTS MADE PERFECT, LLC	
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Principal Place of Business 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502	Mailing Address 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3861270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, ROBERT E JR 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

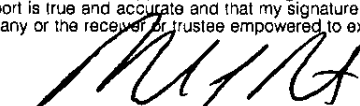
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRACTICE MADE PERFECT, LLC 316 SOUTH BAYLEN STREET, SUITE 600 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROCTOR, MARK J 316 SOUTH BAYLEN STREET, SUITE 600 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

U000000696558
04/18/07-80003-017 50.00

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:  **4/3/07** **850-435-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #