2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 25, 2005 8:00 am Secretary of State **DOCUMENT # L02000030010** 05-25-2005 90573 022 ****50.00 1. Entity Name M & N, L.L.C. Principal Place of Business Mailing Address 18107 HERON WAY DRIVE 18107 HERON WAY DRIVE 20059403 **TAMPA FL 33647 TAMPA FL 33647** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Country Zip Country \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASSMAN, ALAN S Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET STE. 102 **CLEARWATER FL 33756** CiN 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 Spinature, typed or printed name of registered agent and talls & applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR THILE Addition TITLE ☐ Chance Det eta NAME BAIG, MOHHMMAD M NAME STREET ADDRESS 18107 HERON WAY DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-SI-7P TITLE ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 7/P CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addilion HEFE NAME MANIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete FITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7P Delets TITLE ☐ Change ■ Addition TITLE NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-78 ☐ Deleta THILE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7P CITY-ST-71P 11. I hereby certly 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowed at the execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED