

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004450

Entity Name: M & G LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

4253 EAST MAIN STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

9441 WORSWICK CT  
WELLINGTON, FL 33414

**New Mailing Address:**

4253 EAST MAIN STREET  
JUPITER, FL 33458

FEI Number: 51-0497053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARBER, GINNY  
9441 WORSWICK CT  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

TORRES, MARNY  
4253 EAST MAIN STREET  
JUPITER, FL 33458 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: MARNY TORRES

04/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FARBER, GINNY  
Address: 9441 WORSWICK CT  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Delete  
Name: TORRES, MARNY  
Address: 630 S SAPODILLA AVENUE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TORRES, MARNY  
Address: 4253 EAST MAIN STREET  
City-St-Zip: JUPITER, FL 33458

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: MARNY TORRES

MGR

04/29/2006

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