


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90132 018 ****50.00

DOCUMENT # L04000019521

1. Entity Name
MAY S&P, LLC



Principal Place of Business
**4040 WEST WATERS AVENUE
 TAMPA FL 33614
 US**

Mailing Address
**P.O. BOX 342484
 TAMPA FL 33694
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

Zip Country

4. FEI Number **20-0862777**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**NEIL S. SCHECT, P.A.
 3630 WEST KENNEDY BLVD.
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASHSHO, TAHNASEBI → <i>Correction</i> → 5604 TPC BOULEVARD LUTZ FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIYVOSH, NASSERI → <i>Correction</i> → 5604 TPC BOULEVARD LUTZ FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARVIZ, TAHNASEBI → <i>Correction</i> → 19144 FERN MEADOW LOOP LUTZ FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHSHID, TAHMASEBI 5604 TPC BLYD. LUTZ, FL. 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIYVOSH, NASSERI 5604 TPC BLYD. LUTZ, FL. 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARVIZ, TAHMASEBI 19144 FERN MEADOW LOOP LUTZ, FL. 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: Nasser 03/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #