

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90034 021 \*\*\*\*50.00

<b>DOCUMENT # L04000042646</b> 1. Entity Name <b>MSM, LLC</b>					
Principal Place of Business <b>371 CHANNELSIDE WALKWAY #501 TAMPA, FL 33602</b>			Mailing Address <b>371 CHANNELSIDE WALKWAY #501 TAMPA, FL 33602</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>03282005 Chg-LLC CR2E083 (10/03)</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>FRANCIS, GREGORIO A 6226 CARTMEL LANE WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent Name <b>Dexter G. Stallworth</b> Street Address (P.O. Box Number is Not Acceptable) <b>7729 Still Lakes Dr.</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Dexter G. Stallworth</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/18/05 <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANCIS, GREGORIO 6226 CARTMEL LANE WINDERMERE, FL 34786</b> <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	<b>MGRM BARNES, ALONZO F JR 371 CHANNELSIDE WALKWAY #501 TAMPA, FL 33602</b> <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	<b>MGRM STALLWORTH, DEXTER 7729 STILL LAKE DR ODESSA, FL 33556</b> <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	<b>MGRM DEPASS, MICHAEL 1151 FREESIA CT ANN ARBOR, MI 48105</b> <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	<b>MGRM DEPASS, VALARIA 1151 FREESIA CT ANN ARBOR, MI 48105</b> <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	<b>MGRM PAGE, ERNEST II 7896 HORSE FERRY RD ORLANDO, FL 32835</b> <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.					
<b>SIGNATURE:</b>		<b>Dexter G. Stallworth</b> 4/18/05 813-926-6798 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>			