2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# L04000042646

Entity Name: MSM, LLC

Current Principal Place of Business:

371 CHANNELSIDE WALKWAY #501
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

371 CHANNELSIDE WALKWAY #501
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNES, ALONZO F JR
371 CHANNELSIDE WALKWAY
#501
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FRANCIS, GREGORIO	
Address:	6226 CARTMEL LANE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGRM	( ) Delete
Name:	BARNES, ALONZO F JR	
Address:	371 CHANNELSIDE WALKWAY #501	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	STALLWORTH, DEXTER	
Address:	7729 STILL LAKE DR	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	DEPASS, MICHAEL	
Address:	6316 TULSA LANE	
City-St-Zip:	BETHESDA, MD 20817	
Title:	MGRM	( ) Delete
Name:	DEPASS, VALARIE	
Address:	6316 TULSA LANE	
City-St-Zip:	BETHESDA, MD 20817	
Title:	MGRM	( ) Delete
Name:	PAGE, ERNEST II	
Address:	7896 HORSE FERRY RD	
City-St-Zip:	ORLANDO, FL 32835	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	BARNES, ALONZO F JR	
Address:	371 CHANNELSIDE WALKWAY #501	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: ALONZO F. BARNES, JR. MGR 08/21/2007

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