

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042646

FILED
Aug 12, 2008
Secretary of State

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:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FRANCIS, GREGORIO
Address: 6226 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
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: MGRM () Delete
Name: STALLWORTH, DEXTER
Address: 7729 STILL LAKE DR
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DEPASS, MICHAEL
Address: 6316 TULSA LANE
City-St-Zip: BETHESDA, MD 20817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DEPASS, VALARIE
Address: 6316 TULSA LANE
City-St-Zip: BETHESDA, MD 20817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PAGE, ERNEST II
Address: 7896 HORSE FERRY RD
City-St-Zip: ORLANDO, FL 32835

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

08/12/2008

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