#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000044856

1. Entity Name M&PLLC

Principal Place of Business

\_Mailing Address

121 NEW WARRINGTON ROAD PENSACOLA, FL 32506

121 NEW WARRINGTON ROAD PENSACOLA, FL 32506

# **FILED** Apr 04, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/05) 03112006 No Chg-LLC

4. FE! Number 20-1255982

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, RONALD C 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506

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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 acceptable	100
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

[NOTE: Registered Agent signature required when reinstating)

### Filing Fee is \$50.00 Due by May 1, 2006

8.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, RONALD C 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CATY-ST-ZAY	
INTLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS	

U00000491696 04/19/06-80032**-**022 **50.00** 

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-27-06

Davtime Phone 8