

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062808

Entity Name: M2, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

2287 W. EAU GALLE BLVD., STE. A
MELBOURNE, FL 32935

New Principal Place of Business:

2287 W. EAU GALLE BLVD.
SUITE A
MELBOURNE, FL 32935 US

Current Mailing Address:

2287 W. EAU GALLE BLVD., STE. A
MELBOURNE, FL 32935

New Mailing Address:

2287 W. EAU GALLE BLVD.
SUITE A
MELBOURNE, FL 32935 US

FEI Number: 20-3239204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARKIN, DAVID G
1900 S. HICKORY STREET, STE. A
MELBOURNE, FL 32901 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: MGR () Delete
Name: WILLIAMS, MICHAEL
Address: 2287 W. EAU GALLE BLVD., STE. A
City-St-Zip: MELBOURNE, FL 32935

Title: MGR () Delete
Name: DREYER, MICHAEL E
Address: 3150 N. WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 2287 W. EAU GALLE BLVD., STE. A
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGR (X) Change () Addition
Name: DREYER, MICHAEL E
Address: 3150 N. WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32934 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL H. WILLIAMS

MGR

01/18/2007

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