

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063904

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: M FIVE LLC

**Current Principal Place of Business:**

7430 SUNSHINE SKYWAY LANE  
SUITE 201  
ST PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

7430 SUNSHINE SKYWAY LANE  
SUITE 201  
ST PETERSBURG, FL 33711

**New Mailing Address:**

FEI Number: 58-2661637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MACKING, SHAWN G  
7430 SUNSHINE SKYWAY LANE  
SUITE 201  
ST PETERSBURG, FL 33711 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: MACKING, SHAWN G  
Address: 7430 SUNSHINE SKYWAY LANE - SUITE 201  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: MGRM ( ) Delete  
Name: MACKING, WILLIAM P  
Address: 12035 SO. MAGNOLIA CIR  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete  
Name: MACKING, JANE G  
Address: 12035 SO. MAGNOLIA CIR  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete  
Name: MACKING, MATTHEW J  
Address: 12035 SO MAGNOLIA CIR  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete  
Name: MACKING, WILLIAM M  
Address: 12035 SO. MAGNOLIA CIR  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES:**

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:

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

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: SHAWN G. MACKING

MGRM

04/17/2007

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