2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2008
Secretary of State

DOCUMENT# L04000063904

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 ( )**
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:

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 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 MACKING MGRM 07/20/2008

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