2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
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:

7430 SUNSHINE SKYWAY LANE
SUITE 206
ST PETERSBURG, FL 33711

Current Mailing Address:

7430 SUNSHINE SKYWAY LANE
SUITE 201
ST PETERSBURG, FL 33711

New Mailing Address:

7430 SUNSHINE SKYWAY LANE
SUITE 206
ST PETERSBURG, FL 33711

FEI Number: 58-2661637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

MACKING, SHAWN G
7430 SUNSHINE SKYWAY LANE
SUITE 206
ST PETERSBURG, FL 33711 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: _____ 01/15/2009
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: MGRM (X) Change ( ) Addition
Name: MACKING, SHAWN G
Address: 7430 SUNSHINE SKYWAY LANE - SUITE 206
City-St-Zip: ST. PETERSBURG, FL 33711

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: WILLIAM P. MACKING MGRM 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date