


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90026 033 \*\*\*\*50.00

**DOCUMENT # L04000082396**

1. Entity Name  
**M, LLC.**



Principal Place of Business  
**8740 SE 168TH KITTRIDGE LOOP  
 THE VILLAGES, FL 32162**


Mailing Address  
**8740 SE 168TH KITTRIDGE LOOP  
 THE VILLAGES, FL 32162**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

*2005 Del*



03132005 Chg-LLC CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

**COPELAND, MARIA A  
 8740 SE 168TH KITTRIDGE LOOP  
 THE VILLAGES, FL 32162**

4. FEI Number  
**26-0099991**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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 accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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*MA/D  
 MARIA A. COPELAND  
 8740 SE 168TH KITTRIDGE LOOP  
 THE VILLAGES, FL 32162*

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MARIA A. COPELAND, MANAGING MEMBER** *Maria A. Copeland* (352) 253-4152

Signature and typed or printed name of signing managing member, manager, or authorized representative Date *03-14-05* Daytona Phone #