


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90122 026 \*\*\*\*50.00

DOCUMENT # L04000082396

1. Entity Name  
M, LLC



Principal Place of Business      Mailing Address

8740 SE 168TH KITTRIDGE LOOP      8740 SE 168TH KITTRIDGE LOOP  
THE VILLAGES FL 32162              THE VILLAGES FL 32162



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

167705 US Hwy 441      8740 SE 168th Kittridge Loop  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

Suite 607

1st MOORE      CR2E083 (10/06)

City & State      City & State

Summerfield, FL      The Villages FL

Zip      Country      Zip      Country

34491      U.S.A.      32162      U.S.A.

4. FEI Number      Applied For

26-0099991      Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ~~XXXXXXXXXX~~

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: COPELAND      DATE: 01-26-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRD	COPELAND, MARIA A	8740 SE 168TH KITTRIDGE LOOP	THE VILLAGES FL 32162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: COPELAND      Date: 01-26-07      Daytime Phone #: (352) 307-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE