


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # L04000082396</b> 1. Entity Name <b>M, LLC</b>			
Principal Place of Business <b>8740 SE 168TH KITTRIDGE LOOP THE VILLAGES FL 32162</b>		Mailing Address <b>8740 SE 168TH KITTRIDGE LOOP THE VILLAGES FL 32162</b>	
2. Principal Place of Business - No P.O. Box # <b>167705 US Hwy 441</b> Suite, Apt. #, etc. <b>Suite 607</b>		3. Mailing Address <b>8740 SE 168th Kittridge Loop</b> Suite, Apt. #, etc.	
City & State <b>Summerfield, FL</b> Zip <b>34491</b> Country <b>U.S.A.</b>		City & State <b>The villages FL</b> Zip <b>32162</b> Country <b>U.S.A.</b>	
4. FEI Number <b>26-0099991</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent  <b>COPELAND, MARIA A 8740 SE 168TH KITTRIDGE LOOP THE VILLAGES FL 32162</b>		7. Name and Address of New Registered Agent Name <b><del>COPELAND, MARIA A</del></b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b><i>M. Copeland</i></b> DATE <b>01-26-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD COPELAND, MARIA A 8740 SE 168TH KITTRIDGE LOOP THE VILLAGES FL 32162	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b><i>M. Copeland</i></b>		(352) 307-3846 01-26-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	