2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000025276

Entity Name: MS, DM & BL, LLC

Current Principal Place of Business:

3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYLES, DEBORAH S
3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055 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:	MYLES, DEBORAH S	
Address:	3101 WEST US HIGHWAY 90, SUITE 101	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	MGRM	( ) Delete
Name:	LUNDE, BLAKE N II	
Address:	3101 WEST US HIGHWAY 90, SUITE 101	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	MGRM	( ) Delete
Name:	STREICHER, MICHAEL	
Address:	3101 WEST US HIGHWAY 90, SUITE 101	
City-St-Zip:	LAKE CITY, FL 32055	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH S. MYLES MGRM 04/23/2007

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