

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046776

Entity Name: M - POWERED, L.L.C.

FILED  
Sep 06, 2006  
Secretary of State

**Current Principal Place of Business:**

510 E. ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32807

**New Principal Place of Business:**

7828 GOLF PARADISE WAY  
CLERMONT, FL 34711

**Current Mailing Address:**

510 E. ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32807

**New Mailing Address:**

7828 GOLF PARADISE WAY  
CLERMONT, FL 34711

FEI Number: 20-2823256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DESOUZA, JEFFERSON  
2858 NW 72 AVE  
MIAMI, FL 33122      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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR                      ( ) Change (X) Addition  
Name:                      MARTIN, STEVE W OFFICER  
Address:                      7828 GOLF PARADISE WAY  
City-St-Zip:                      CLERMONT, FL 34711

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: STEVE W. MARTIN

MR

09/06/2006

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