
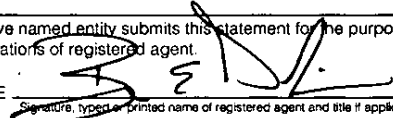



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90013 032 ****50.00

DOCUMENT # L05000054266			
1. Entity Name M & S LAND HOLDING, LLC			
Principal Place of Business 1415 PANTHER LANE SUITE 230 NAPLES, FL 34109		Mailing Address 250 CIVIC CENTER DRIVE SUITE 200 COLUMBUS, OH 43215	
2. Principal Place of Business 1415 Panther Lane Suite, Apt., #, etc. Suite 159 City & State Naples FL Zip 34109 Country US		3. Mailing Address 250 Civic Center Dr Suite, Apt., #, etc. Suite 500 City & State Columbus OH Zip 43215 Country	
4. FEI Number 20-2928111		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKERSON, BRIAN E 1415 PANTHER LANE SUITE 230 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name BRIAN E Dickerson Street Address (P.O. Box Number is Not Acceptable) 1415 Panther Lane Suite 159 City Naples FL Zip Code 34109	
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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKERSON, BRIAN E 1415 PANTHER LANE, SUITE 230 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGUIRE, PATRICK D 250 CIVIC CENTER DRIVE, SUITE 200 COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASSAY, WAYNE E 250 CIVIC CENTER DRIVE, SUITE 200 COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, KARL H 250 CIVIC CENTER DRIVE, SUITE 200 COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, KEITH W 250 CIVIC CENTER DRIVE, SUITE 200 COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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: 		Date: 4/25/06 Daytime Phone #: 239 591 6645	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	