2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057225

Entity Name: M SQUARE PROPERTIES, LLC

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

820 JERSEY AVE 3333 COUNTRY SIDE VIEW DR. SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34772

Current Mailing Address: New Mailing Address:

3333 COUNTRY SIDE VIEW DR. 820 JERSEY AVE SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34772

FEI Number: 20-2974456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SHAFER, MATTHEW SHAFER, MATTHEW D 820 JERSEY AVE 3333 COUNTRY SIDE VIEW DR. SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34772

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: MATTHEW D. SHAFER 02/19/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition SHAFER, MATTHEW M SQUARE CONSTRUCTIO, N, LLC Name: Name: 820 JERSEY AVE Address: 3333 COUNTRY SIDE VIEW DR Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM () Delete Title: MGRM (X) Change () Addition SHAFER, MANDY Name: MATTHEW, SHAFER D Name: Address: 820 JERSEY AVE Address: 3333 COUNTRY SIDE VIEW DR. City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM () Delete Title: MGRM (X) Change () Addition HARDY, PAUL T HARDY, PAUL T Name: Name:

3333 COUNTRY SIDE VIEW DR. Address: 820 JERSEY AVE Address:

City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34772

Title: () Delete Title: MGRM () Change (X) Addition WALKER, ED Name: Name:

3333 COUNTRY SIDE VIEW DR. Address: Address: City-St-Zip: City-St-Zip: SAINT CLOUD, FL 34772

Title: () Delete Title: MGRM () Change (X) Addition

WRIGHT, DARRIN Name: Name:

3333 COUNTRY SIDE VIEW DR. Address: Address: City-St-Zip: City-St-Zip: SAINT CLOUD, FL 34772

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: MATTHEW D. SHAFER **MGMR** 02/19/2007