

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000113078	
1. Entity Name MAS INVESTORS, LLC	

Principal Place of Business 633 WECHSLER CIRCLE ORLANDO, FL 32824	Mailing Address 633 WECHSLER CIRCLE ORLANDO, FL 32824
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3848450	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
 557 NORTH WYMORE ROAD, SUITE 100
 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

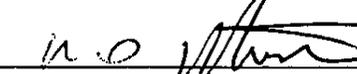
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000842346
 03/11/08-80051-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKERS, JAMES D 633 WECHSLER CIRCLE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, MAVERICK D 633 WECHSLER CIRCLE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRAGG, W. SCOTT III 633 WECHSLER CIRCLE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  2-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #