2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000113078

Entity Name: MAS INVESTORS, LLC

Current Principal Place of Business:

633 WECHSLER CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

633 WECHSLER CIRCLE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-3848450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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: AKERS, JAMES D
Address: 633 WECHSLER CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: MGRM (X) Delete
Name: MONTGOMERY, MAVERICK D
Address: 633 WECHSLER CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: MGRM (X) Delete
Name: SPRAGG, W. SCOTT III
Address: 633 WECHSLER CIRCLE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MONTGOMERY, MAVERICK D
Address: 633 WECHSLER CIRCLE
City-St-Zip: ORLANDO, FL 32824

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 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: MAVERICK D. MONTGOMERY MGRM 04/29/2009

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