


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000122411 1. Entity Name MSS BUILDING, LLC	
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Principal Place of Business 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	Mailing Address 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3998985	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 SULLIVAN, ROBERT L 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, ROBERT L 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, STEPHEN E 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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<p>U00000633560 02/21/07-00066-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Stephen E. Sullivan **2/7/07** **407-422-7115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #