


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90348 038 ****55.00

DOCUMENT # L06000000332	
1. Entity Name M & L CONSTRUCTION SERVICES L.L.C.	

Principal Place of Business 14515 HENSEL LN. APT 125 TAMPA, FL 33613	Mailing Address 14515 HENSEL LN. APT 125 TAMPA, FL 33613
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2. Principal Place of Business - No P.O. Box # 1410 E. 139 Ave. Suite B	3. Mailing Address 1410 E 139 Ave Suite B
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa - Florida	City & State Tampa - Florida
Zip 33613	Country USA
Zip 33613	Country USA

04192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent LOPEZ, MOISES 14515 HENSEL LN. APT 125 TAMPA, FL 33613	
7. Name and Address of New Registered Agent Name Moises Lopez Street Address (P.O. Box Number is Not Acceptable) 1410 E. 139 Ave. Suite B City Tampa FL Zip Code 33613	

4. FEI Number 02-0763207	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	


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 re-registering.) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of Statd
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOPEZ, MOISES		NAME	
STREET ADDRESS 14515 HENSEL LN. APT 125		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33613		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 606, Florida Statutes.

SIGNATURE: 	MOISES LOPEZ	4/28/06 - 813-784-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Yr Phone #