

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009934

Entity Name: ML PROPERTIES 2, LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

7720 S. MAGNOLIA AVENUE
OCALA, FL 34476 US

New Principal Place of Business:

4710 SE 37TH STREET
OCALA, FL 344719037 US

Current Mailing Address:

7720 S. MAGNOLIA AVENUE
OCALA, FL 34476 US

New Mailing Address:

4710 SE 37TH STREET
OCALA, FL 344719037 US

FEI Number: 65-1273628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LUMIA, MARK R MGRM
4710 SE 37TH STREET
OCALA, FL 344719037 US

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: MARK R. LUMIA

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUMIA, MARK R
Address: 7720 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476 US

Title: MGR (X) Delete
Name: LUMIA, LISETTE M
Address: 7720 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUMIA, MARK R MGRM
Address: 4710 SE 37TH STREET
City-St-Zip: OCALA, FL 344719037 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK R. LUMIA

MGRM

04/16/2007

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