

REINSTATEMENT

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05-21-2008 90207 020 ***138.75

08 JUN -6 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000040752

1. Entity Name
M, S & T PROPERTIES LLC



Principal Place of Business Mailing Address
225 GREEN ACRES RD. 225 GREEN ACRES RD
FORT WALTON BEACH, FL 32517 FORT WALTON BEACH, FL
32547

DO NOT WRITE IN THIS SPACE

04252008No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1234958 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, MATTHEW S
225 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAPP, MATTHEW S
STREET ADDRESS	225 GREEN ACRES RD.
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547
TITLE	MGR
NAME	SAPP, SHANNON D
STREET ADDRESS	225 GREEN ACRES RD
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

REINSTATEMENT 07-08

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04/19/08-90038-046-\$50.00

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:

Matthew S. Sapp

4-25-08

850-862-6902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

DeVine Phone #