

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058318

FILED
May 14, 2007
Secretary of State

Entity Name: MEGAMAR, L.L.C.

Current Principal Place of Business:

4318 W. SAN JUAN STREET
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4318 W. SAN JUAN STREET
TAMPA, FL 33629 US

New Mailing Address:

P. O. BOX 21815
TAMPA, FL 33622 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TREUHAFT, JOEL S
2274 STATE ROAD 580
SUITE C
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

MCCULLOCH, MICHAEL G
4318 W. SAN JUAN STREET
TAMPA, FL 33629 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: M. G. MCCULLOCH

05/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCULLOCH, MICHAEL
Address: 4318 W. SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Delete
Name: MCCULLOCH, MARIANN H
Address: 4318 W. SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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: M. G. MCCULLOCH

MGRM

05/14/2007

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