
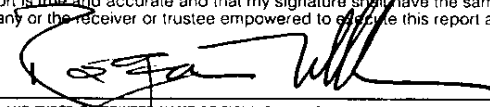


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90076 045 ****50.00

DOCUMENT # L06000063876					
1. Entity Name MSM ENTERPRISES, LLC					
Principal Place of Business 1916 TIMBERLINE DR. NAPLES, FL 34109			Mailing Address 1916 TIMBERLINE DR. NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5103973	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, THOMAS R 1916 TIMBERLINE DR NAPLES, FL 34109				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, THOMAS R		NAME		
STREET ADDRESS	1916 TIMBERLINE DR.		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34109		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHON, DAVE		NAME		
STREET ADDRESS	1916 TIMBERLINE DR.		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34109		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THE EDWARD P. LARKIN & SECONDARY RESIDUARY		NAME		
STREET ADDRESS	12490 CHARLOTTE DR		STREET ADDRESS		
CITY- ST- ZIP	ALPHARETTA, GA 30004		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBSON, BARRY T		NAME		
STREET ADDRESS	4617 BLAKEFORD CT.		STREET ADDRESS		
CITY- ST- ZIP	FLOWERY BRANCH, GA 30542		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ROGER		NAME		
STREET ADDRESS	223 DOLPHIN COVE CT.		STREET ADDRESS		
CITY- ST- ZIP	BONITA SPRINGS, FL 34134		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 608, Florida Statutes.					
SIGNATURE: 			ROGER MILLER 07/16/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		