

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086718

FILED
May 13, 2007
Secretary of State

Entity Name: MANN & MOSS REAL ESTATE INVESTMENTS, L.L.C.

Current Principal Place of Business:

1000 SOUTH HARBOUR ISLAND BOULEVARD
UNIT 2403
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH HARBOUR ISLAND BOULEVARD
UNIT 2403
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 51-0599011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

MOSS, MATTHEW S
1000 SOUTH HARBOUR ISLAND BOULEVARD
UNIT 2403
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MANN, ZACHARY
Address: 1000 S. HARBOUR ISLAND BLVD. UNIT 2311
City-St-Zip: TAMPA, FL 33602 US

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

Title: MGRM () Delete
Name: MOSS, MATTHEW S
Address: 1000 S. HARBOUR ISLAND BLVD. UNIT 2403
City-St-Zip: TAMPA, FL 33602 US

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: MATTHEW S. MOSS

MGRM

05/13/2007

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