## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 04, 2007 8:00 am Secretary of State 04-30-2007 90066 019 \*\*\*\*50.00



Entity Name     M&S INVESTMENTS OF TAMPA LLC											
Principal Place of Business 5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541			Mailing Address 5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541			30009663					
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State			4. FEI Numbe	20-54	80261	Ap	oplied For ot Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desire		\$5.00 Add Fee Require		
	6. Name	and Address of Current				7. Name and Address of New Registered Agent					
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD				Name Andreina Mendez Street Address (P.O. Box Number is Not Acceptable)							
QUINCY, FL 32351			5605			Autumn Shire Dr					
				Ì	City 70	hurhills		FI	Zip Cod	e_/);	
the obligat	named entity ions of registe	y submits this statement of ered agent.	or the purpose of changing its	registere						and accept	
SIGNATURE .	Signature, ped	or orinted amount to interest	a intrapplicable (NOT	E. Registered	1 Agent signature require	ed when reinstating)		DATE	101		
	ling Fee i ue by May										
9.	ı	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIO	NS/CHANGE	S		
TITLE	MGRM .		☐ Delete	THLE					Change	Addition	
NAME STREET ADDRESS		Z, ANDREINA JTUMN SHIRE DRIVE		NAME STREE	: Et address						
CITY-ST-ZIP		ZEPHYRHILLS, FL 33541			-ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	SULBARAN, RAFAEL			NAME							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	ZEPHTRE	HLLS, FL 33541			ST-ZIP						
TITLE NAME			☐ Delete	, TITLE NAME	1				☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP			_	CITY-	-S1-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS				NAME	ET ADDRESS						
CITY-SI-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME	I				change		
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE	l l				☐ Change	Addition	
NAME STREET ADDRESS				NAME	ET ADDRESS						
CITY-ST-ZIP					S1-ZIP						
11. I hereby o	certify that the	information supplied with	this filing does not qualify for	the exer	nptions contained	d in Chapter 119, I	Florida Statutes	. I further certi	fy that the info	ormation	

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.

THE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/2007-90066-019-\$50.00-\$50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	EȘTMENTȘ OF TAMPA LL		Λ <del></del>							
		_	ATTACHMENT							
Principal Place 5605 AUTUM ZEPHYRHILL	IN SHIRE DRIVE	Mailing Address 5605 AUTUMN SHIRE DE ZEPHYRHILLS, FL 3354			7663	<b>,</b>				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite. Apt.	#. etc.	Suite, Apt. #, etc.								
City & State	B	City & State	4. FEI Numbe	* 20 -5780	261 N	pplied For of Applicable				
Zip	Country	uniry Zip Cou				S5.00 Ad				
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regi					
A1A REGIS	STERED AGENT INC.		Name An	Name Andreina Mendez						
92 SADBE	RRY ROAD		Street Addres	s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)					
QUINCY, F	FL 32351		·	Automn	Autumn Shine Dr					
				phyrhille			" <i>3</i> 3541			
	named entity submits this statement to ions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or bo	th, in the State of Florida	). I am (amitiar with	and accept			
SIGNATURE .	Audie Level	<u> </u>			04/	27/07				
SIGNATURE .	Signature, rubed or primard name of legislated against	and the # appacette (NOTE	Registered Agent Signature requ	red when refelering)		DATE				
Filing Fee is \$50.00 Due by May 1, 2007										
9,	MANAGING MEMBE		10.		ADDITIONS/CH					
TITLE NAME			TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS	5605 AUTUMN SHIRE DRIVE		STREET ADDRESS							
CITY+SI+ZIP	ZEPHYRHILLS, FL 33541	<u> </u>	CHTY-ST-78P	<del></del> .						
HITLE NAME	MGRM SULBARAN, RAFAEL	☐ Delete	ITILE NAME			☐ Change	Addition			
STREET ADDRESS	5605 AUTUMN SHIRE DRIVE		STREET ADDRESS							
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-SJ-ZIP			CITY-SI-ZIP							
TITLE		☐ Delete	NAME			Change	Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-S1-UP	<del></del> -		CITY-S1-ZIP	<del></del>						
TITLE MAME		☐ Delete	TITLE NAME			[] Change	☐ Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-S1-ZIP			CITY-S1-ZIP							
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	l		CITY-SI-ZIP	11.00						
11. I hereby certify that the information supplied with this filling 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: Ludieffeudes 0+27/07 813-4072350										
	SIGNATURE AND TYPED OR PRINTED HAME	T SURING HANACING MEMBER, MANA	IGER, OR AUTHORIZED REPR	EBENTATIVE	Case	Daytime Phone #				