

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

30009663

DOCUMENT # L06000096441

1. 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5780261

Applied For

Not Applicable

5. Certificate of Status Desired

5\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FL 32351

Name

Andreina Mendez

Street Address (P.O. Box Number is Not Acceptable)

5605 Autumn Shire Dr

City

Zephyrhills

FL

Zip Code

33541

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

04/27/07

Signature, typed or printed name of registered agent, if not applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00

Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MGRM

NAME

MELENZ, ANDREINA

STREET ADDRESS

5605 AUTUMN SHIRE DRIVE

CITY-ST-ZIP

ZEPHYRHILLS, FL 33541

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

04/27/07

813-4072350

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

DATE

Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L06000096441</b> 1. Entity Name <b>M&amp;S INVESTMENTS OF TAMPA LLC</b>					
Principal Place of Business <b>5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541</b>			Mailing Address <b>5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>20-5780261</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name <b>Andreina Mendez</b> Street Address (P.O. Box Number is Not Acceptable) <b>5605 Autumn Shire Dr</b> City <b>Zephyrhills</b> FL Zip Code <b>33541</b>		
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 <u><i>Andreina Mendez</i></u> DATE <u>04/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MENDEZ, ANDREINA 5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SULBARAN, RAFAEL 5605 AUTUMN SHIRE DRIVE ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Andreina Mendez</i></u>				Date <u>04/27/07</u> Daytime Phone # <u>813-4072350</u>	

ATTACHMENT  
30009663