


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-27-2007 90082 046 ****50.00

DOCUMENT # L06000116838 1. Entity Name M&S INVESTMENT HOLDING II LLC													
Principal Place of Business 800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE, FL 33334			Mailing Address 800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE, FL 33334										
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 43-2115370 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., SUITE 508 MIAMI, FL 33156			7. Name and Address of New Registered Agent: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;">Name</td></tr> <tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>												
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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>													
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHKIN, MICHAEL 800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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>Michael Ashkin</i></u> Managing Member <u>2/21/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>													