2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L06000117365

Entity Name: P & M INVESTORS LLC

Current Principal Place of Business:

601 ROBERTA AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

1916 STANLEY ST
ORLANDO, FL 32803 US

Current Mailing Address:

601 ROBERTA AVE
ORLANDO, FL 32803 US

New Mailing Address:

1916 STANLEY ST
ORLANDO, FL 32803 US

FEI Number: 20-8059278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PSAROS, PAIGE
601 ROBERTA AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

PSAROS, PAIGE
1916 STANLEY ST
ORLANDO, FL 32803 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: PAIGE PSAROS 03/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PSAROS, PAIGE
Address: 601 ROBERTA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: CEO ( ) Delete
Name: PSAROS, PAIGE
Address: 601 ROBERTA AVE
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PSAROS, PAIGE
Address: 1916 STANLEY ST
City-St-Zip: ORLANDO, FL 32803 US

Title: CEO (X) Change ( ) Addition
Name: PSAROS, PAIGE
Address: 1916 STANLEY ST
City-St-Zip: ORLANDO, FL 32803 US

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: PAIGE PSAROS CEO 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date