

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023619

Entity Name: M & T MANAGEMENT, LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

12734 KENWOOD LANE STE 4
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE STE 4
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0875420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

LAMBERT, MARTHA M
12734 KENWOOD LN.
SUITE 4
FT MYERS, FL 33907 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: MARTHA M. LAMBERT

04/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAMBERT, THOMAS W
Address: 12734 KENWOOD LANE STE 4
City-St-Zip: FT MYERS, FL 33907

Title: MGR () Delete
Name: LAMBERT, MARTHA M
Address: 12734 KENWOOD LANE STE 4
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMBERT, MARTHA M
Address: 12734 KENWOOD LANE STE 4
City-St-Zip: FT MYERS, FL 33907

Title: MGR (X) Change () Addition
Name: LAMBERT, THOMAS W
Address: 12734 KENWOOD LANE STE 4
City-St-Zip: FT MYERS, FL 33907

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: MARTHA M. LAMBERT

MGR

04/16/2008

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