2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

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Entity Name: M&G HOLDINGS OF BAY COUNTY, LLC

Current Principal Place of Business:

1600 TENNESSEE AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

4521 SCHOONER LANE
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 26-1718067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDREWS, INGRID M
4521 SCHOONER LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDREWS, INGRID M
Address: 4521 SCHOONER LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Delete
Name: ANDREWS, KENNETH W
Address: 4521 SCHOONER LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: ANDREWS, INGRID M
Address: 4521 SCHOONER LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGMR (X) Change ( ) Addition
Name: ANDREWS, KENNETH W
Address: 4521 SCHOONER LANE
City-St-Zip: LYNN HAVEN, FL 32444 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: INGRID M ANDREWS MGMR 04/28/2009

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