

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003411

Entity Name: MF&M LAW, L.L.C.

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

New Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 1531
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3555096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, ANSLEY JR.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WATSON, ANSLEY JR.
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 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: ANSLEY WATSON

05/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MACFARLANE FERGUSON, & MCMULLEN, P. A .
Address: 400 NORTH TAMPA STREET, SUITE 2300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACFARLANE FERGUSON, & MCMULLEN, P. A .
Address: 201 N. FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES W. GOODWIN

VP

05/12/2005

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