

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90441 045 ****50.00

DOCUMENT # L99000001508

1. Entity Name

M-2 REAL ESTATE HOLDINGS, L.L.C.



Principal Place of Business

ATTN: N. DWAYNE GRAY, JR., ESQUIRE
201 EAST PINE STREET, SUITE 500
ORLANDO, FL 32801

Mailing Address

ATTN: N. DWAYNE GRAY, JR., ESQUIRE
201 EAST PINE STREET, SUITE 500
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3566726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
GREENSPOON, MARDER, ET AL
201 E PINE STREET STE 500
ORLANDO, FL 32801

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAY, N. DWAYNE JR.
201 E PINE ST, STE 500
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHLATER, JOHN
615 COPELAND MILL ROAD
WESTERVILLE, OH 43081

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

N-DWAYNE GRAY, JR ESQ.

3/27/07

Date

407-425-6559

Daytime Phone #