

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-14-2002 90029 007 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 'L01000014316
 1. Entity Name
MB5 REAL ESTATE, LLC

Principal Place of Business Mailing Address
40528 US 19 NORTH 40528 US 19 NORTH
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3739676 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATTER, THOMAS M
40528 US 19 NORTH
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

MANAGING member

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, THOMAS M 338 OLD OAK CIRCLE PALM HARBOR FL 34683	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MATTER, JOHN 40528 US 19 N. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MATTER, STEWART II 40528 US 19 N. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MATTER, GAVY 40528 US 19 N. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MATTER, DAVID 40528 US 19 N. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, THOMAS 40528 US 19 N. TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Date: **1-7-02** Daytime Phone #: **(727) 942-3618**

Thomas Matter

2-13-02

CFR20683 (9/01)