


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 016 ****50.00

DOCUMENT # L01000014316

1. Entity Name
MB5 REAL ESTATE, LLC



Principal Place of Business Mailing Address

**40528 US 19 NORTH
TARPON SPRINGS FL 34689** **40528 US 19 NORTH
TARPON SPRINGS FL 34689**

42004003



2. Principal Place of Business 3. Mailing Address

**3320 122nd Ave N.
Suite, Apt. #, etc.
Suite 3** **3320 122nd Ave. N. Suite 3**

MOORE CR2E083 (11/03)

City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Zip Country

33716 **33716** **FL**

4. FEI Number Applied For

59-3739676 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTER, THOMAS M
40528 US 19 NORTH
TARPON SPRINGS FL 34689**

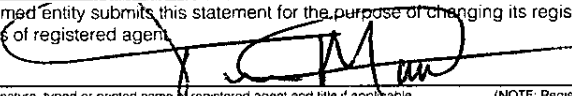
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3320 122nd Ave N. Unit 3

City State Zip Code
St. Petersburg FL 33716

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:  DATE: **1/27/04**


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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, THOMAS M 40528 US 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, JOHN 40528 US 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, STEWART II 40528 US 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, GARY 40528 US 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, DAVID 40528 US 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 122nd Ave. N. UNIT 3 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 122nd Ave. N. UNIT 3 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 122nd Ave. N. Suite 3 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 122nd Ave N. Suite 3 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 122nd Ave. N. Suite 3 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **1/27/04** Daytime Phone #: **727 573-1060**

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