

003 LIMITED LIABILITY COMPANY
ANNUAL REPORT (US) **LO2000018620**

198a

0031179

DOCUMENT # **L02000018620**

1. Entity Name
M.A.B. PROPERTIES LLC



FILED

03 DEC 22 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
583 GARDINER LANE
JUPITER FL 33458
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
43 PLAZA Del Sol
Suite, Apt. #, etc.
ISLAMORADA FL
City & State
33036
Country
MONTRO

CHECK HERE IF MAKING CHANGES
MAILING ADDRESS

4. FEI Number
02-0659755
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BROOKS, MARK A
583 GARDINER LANE
JUPITER FL 33458~~

Name **MARK A Brooks**
Street Address (P.O. Box Number is Not Acceptable)
43 W PLAZA Del Sol
City **ISLAMORADA FL** ZIP Code **33036**

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 *Mark A Brooks*

DATE **11/25/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING member** Delete
NAME **MARK A Brooks**
STREET ADDRESS **43 W PLAZA Del Sol**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100025165954
12/02/03--01061--029 **50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
7 **11/22**
MS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark A Brooks* **MARK A Brooks** 11/25/03 30516643321

CR2E083 (10/02)

2 of 2

M. A. B. Properties, L. L. C.
43 Plaza Del Sol
Islamorada, FL 33036

FILED
03 DEC 22 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 25, 2003

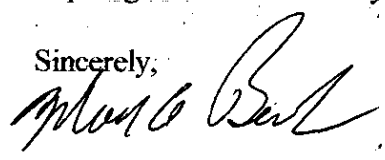
To Whom It May Concern:

~~On November 24, 2003, I called (850) 245-6051 and spoke to a gentleman who asked me to formulate this letter in order to waive my late fee. My mailing address has changed and~~
I just recently received the form to reinstate my L. L. C.. The new occupant at the former address failed to forward this information to me. As you can see by my records I always pay these bills on time.

My new mailing address is:
M. A. B. Properties, L.L. C.
43 Plaza Del Sol
Islamorada, FL 33036

I apologize for this and as you can see I didn't even have the bill on time to pay it.

Sincerely,



Mark A. Brooks