


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018620

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



Principal Place of Business 609 N. HEPBURN AVENUE 203 JUPITER, FL 33458 US	Mailing Address 43 PLAZA DEL SOL ISLAMORADA, FL 33036 US
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DO NOT WRITE IN THIS SPACE



07-92004 No Chg-LLC CR2EG63 (10/03)

4. FEI Number 02-0669755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, MARK A
 43 W PLAZA DEL SOL
 ISLAMORADA, FL 33036**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when canceling.

**Filing Fee is \$80.00
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, MARK A 43 W PLAZA DEL SOL ISLAMORADA, FL 33036
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: *Mark A Brooks* 7/19/04 305-6643521
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. DATE