


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90383 042 \*\*\*\*50.00

<b>DOCUMENT # L02000018620</b>			
1. Entity Name M.A.B. PROPERTIES LLC			
Principal Place of Business 609 N. HEPBURN AVENUE <i>(203) - Wrong Unit # (Typo)</i> JUPITER, FL 33458 US		Mailing Address 43 PLAZA DEL SOL ISLAMORADA, FL 33036 US	
2. Principal Place of Business 609 N. Hepburn Avenue Suite, Apt. #, etc. 202 City & State Jupiter, FL Zip 33458		3. Mailing Address Suite, Apt. #, etc. City & State Country USA	
4. FEI Number 02-0659755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, MARK A 43 W PLAZA DEL SOL ISLAMORADA, FL 33036		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, MARK A 43 W PLAZA DEL SOL ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <i>Mark A Brooks</i>		Date: 3/10/05	Daytime Phone #: 305-664-3521

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