

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088288

FILED
Mar 06, 2006
Secretary of State

Entity Name: MCB INVESTMENT GROUP, LLC

Current Principal Place of Business:

5951 NW 173 DR.
SUITE 1
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

5951 NW 173 DR.
SUITE 1
MIAMI, FL 33015

New Mailing Address:

FEI Number: 41-2160501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSQUET, JEAN L
2040 FOREST GATE DR. W.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASSAC, MAX E
Address: 17501 NW 49TH AVE.
City-St-Zip: MIAMI, FL 33055

Title: MGRM () Delete
Name: CASTOR, SEVIGNE
Address: 10352 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: BOSQUET, JEAN L
Address: 2040 FOREST GATE DR. W.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAX E. MASSAC MGRM 03/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date