

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088288

FILED
Mar 15, 2007
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:

MASSAC, MAX E
17501 NW 49TH AVE.
MIAMI, FL 33055 US

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: MAX E. MASSAC

03/15/2007

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 (X) 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

03/15/2007

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