


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001367 1. Entity Name MABB, L.L.C.	
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Principal Place of Business 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	Mailing Address 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



03042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0855092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, ROBERT
 2300 WEST OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33311

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERCUN, MICHAEL 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICCININNI, ALFRED 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZGERALD, ROBERT 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERTZ, BRAD 2300 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/01/05-80036-013 50.00

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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)(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:  DATE: 3/21/05 DAYTIME PHONE #: 954-485-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE