


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001367

1. Entity Name
MABB, L.L.C.



Principal Place of Business
2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33311

Mailing Address
2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



02012006 No Chg-LLC CR2E083 (11/05)

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

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006**

| 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 PICCININI, 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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03/15/06-80039-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____

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

Date: 2/8/06 Daytime Phone #: 954-485-4400