

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90178 011 ****50.00

DOCUMENT # L00000001869

1. Entity Name
MBS SERVICES, LLC

Principal Place of Business
**6662 GRANDE ORCHID WAY
 DELRAY BEACH FL 33446**

Mailing Address
**6662 GRANDE ORCHID WAY
 DELRAY BEACH FL 33446**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



Z001331Z



1st MOORE CR2E083 (10/04)

4. FEI Number **65-1115685** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PACE, CHARLES E
 6662 GRANDE ORCHID WAY
 DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent
 Name **NABAT BRUCE**
 Street Address (P.O. Box Number is Not Acceptable)
1190 N.E. 125th ST. #21
 City **N. MIAMI** FL Zip Code **33161**

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 *Bruce Nabat* DATE 2/11/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACE, CHARLES E 6662 GRANDE ORCHID WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles E Pace Pres* Date 2/11/05 Daytime Phone # 5613290298

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