


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90146 040 \*\*\*\*50.00

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # L01000001465</b><br>1. Entity Name<br>MBM, PL  |  |                     |   |    |  |
| Principal Place of Business<br>15 PARADISE PLACE, NO. 164<br>SARASOTA, FL 34239  |  |                     | Mailing Address<br>15 PARADISE PLACE, NO. 164<br>SARASOTA, FL 34239 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   | 4. FEI Number<br><b>65-1674111</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FELDMAN, MARC H</b><br><b>3908 26TH STREET W</b><br><b>BRADENTON, FL 34205</b>   |  |                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____  |  |                     |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |  |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>PELLETZ, MARC S</b><br>1734 RITA STREET<br>SARASOTA, FL 34231 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Marc S. Pelletz<br>15 Paradise Plaza #164<br>Sarasota, FL 34239   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 606, Florida Statutes. |  |                     |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                     |   |   |  |
| <small>Date</small>  |  |                     |   | <small>Daytime Phone #</small>  |  |

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