


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90113 008 ****50.00

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| DOCUMENT # L01000017649 | |  |
| 1. Entity Name M.B.K. SALES, LLC | | |

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| Principal Place of Business 228 MONTEREY DRIVE NAPLES, FL 34119 | Mailing Address 228 MONTEREY DRIVE NAPLES, FL 34119 |
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| 2. Principal Place of Business 227 Monterey Dr. Suite, Apt. #, etc. | 3. Mailing Address 228 Monterey Dr. Suite, Apt. #, etc. |
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| City & State Naples, FL | City & State Naples, FL |
| Zip 34119 | Country U.S. |

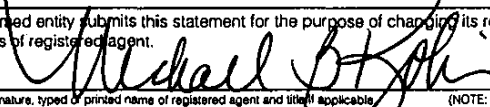


04202005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 59-2794461 | Applied For <input type="checkbox"/> Not Applicable |
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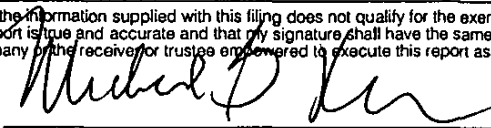
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KOHAN, MICHAEL B 228 MONTEREY DRIVE NAPLES, FL 34119 | 7. Name and Address of New Registered Agent Name: Michael B. Kohan Street Address (P.O. Box Number is Not Acceptable): 228 Monterey Drive City: Naples FL Zip Code: 34119 |
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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:  | DATE: 4-25-05 |

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KOHAN, MICHAEL B 228 MONTEREY DRIVE NAPLES, FL 34119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 228 Monterey Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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:  | DATE: 4-25-05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |