

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90135 004 \*\*\*\*50.00

**DOCUMENT # L02000000426**

1. Entity Name  
**MBJB INVESTMENTS, LLC**



Principal Place of Business  
**701 9TH AVENUE EAST  
BRADENTON, FL 34208**

Mailing Address  
**701 9TH AVENUE EAST  
BRADENTON, FL 34208**

**14026847**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**58-2652334**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLENDON, CLYDE E  
701 9TH AVENUE EAST  
BRADENTON, FL 34208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BEASON, MAHLON A III	
STREET ADDRESS	5225 CLARKSTON ROAD	
CITY-ST-ZIP	CLARKSTON, MI 48348	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BENSON, JOSEPH W	
STREET ADDRESS	4160 S. SHORE	
CITY-ST-ZIP	WATERFORD, MI 48328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, MAHLON A. III	
STREET ADDRESS	5225 CLARKSTON ROAD	
CITY-ST-ZIP	CLARKSTON, MI 48348	
TITLE	(same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	I	
STREET ADDRESS	WATERFORD, MI 48329	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

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

**7-15-04 (248) 335-9476**

Date

Daytime Phone #