




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90025 045 ****50.00

DOCUMENT # L02000007001 1. Entity Name MNB1, LLC					
Principal Place of Business 535 EAST INDIANTOWN ROAD JUPITER, FL 33477				Mailing Address PO BOX 3719 TEQUESTA, FL 33469	
2. Principal Place of Business 956 Pompano Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jupiter, FL		City & State 		4. FEI Number NOT APPLICABLE	
Zip 33458		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUST & KULUNAS, P.A. 250 AUSTRALIAN AVENUE SOUTH 1100 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Monroe BENAIM Street Address (P.O. Box Number is Not Acceptable) 956 Pompano Dr City Jupiter FL Zip Code 33458	
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: 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAIM, MONROE N P.O. BOX 3719 TEQUESTA, FL 33469	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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 606, Florida Statutes.					
SIGNATURE: 		Date: 3/4/05		Daytime Phone #: 561-743-4029	