


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90066 039 \*\*\*\*55.00

<b>DOCUMENT # L02000017848</b>	
1. Entity Name MB 2002 LLC	

Principal Place of Business 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 US	Mailing Address 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 US
---	---

24057162



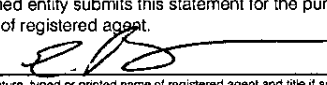
2. Principal Place of Business 7100 W. Camino Real Suite, Apt. #, etc. Suite 402 City & State Boca Raton FL Zip 33433 Country USA	3. Mailing Address 7100 W. Camino Real Suite, Apt. #, etc. Suite 402 City & State Boca Raton FL Zip 33433 Country USA
---	---

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1549404	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRANDON-BROWN, ELIZABETH A ESQ. 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432	
---	--

7. Name and Address of New Registered Agent Name Brandon Brown, Elizabeth A ESQ Street Address (P.O. Box Number is Not Acceptable) 9045 LA FONTANA BLVD. Suite B-1 City Boca Raton FL Zip Code 33434	
--	--

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 	Brandon-Brown, Elizabeth 4/22/04

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 900 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433 <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
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

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: 	Diane Bloom 4/22/04 (S61) 417-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	