

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90024 017 ****55.00

DOCUMENT # L02000017848

1. Entity Name

MB 2002 LLC



Principal Place of Business

7100 W. CAMINO ROAD
SUITE 420
BOCA RATON FL 33433
US

Mailing Address

7100 W. CAMINO ROAD
SUITE 420
BOCA RATON FL 33433
US



2. Principal Place of Business

6600 W. Rogers Circle

Suite, Apt. #, etc.

Suite #14

City & State

Boca Raton FL

Zip 33487

Country

3. Mailing Address

6600 W. Rogers Circle

Suite, Apt. #, etc.

Suite #14

City & State

Boca Raton FL

Zip 33487

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

42-1549404

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACK, WILLIAM M ESQ
1819 MAIN STREET, SUITE 1100
SARASOTA CITY CENTER
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BLOOM, HOWARD
STREET ADDRESS 7100 W. CAMINO REAL SUITE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE MGR ☐ Delete
NAME BLOOM, DIANE
STREET ADDRESS 7100 W. CAMINO REAL SUITE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME BLOOM, HOWARD
STREET ADDRESS 6600 W. ROGERS CIRCLE STE #14
CITY-ST-ZIP BOCA RATON FL-33487

TITLE MGR ☒ Change ☐ Addition
NAME BLOOM, DIANE
STREET ADDRESS 6600 W. ROGERS CIRCLE STE #14
CITY-ST-ZIP BOCA RATON FL-33487

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

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

04/24/06 (561) 417-7115

Date

Daytime Phone #