


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 047 ****50.00

| | |
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| DOCUMENT # L02000017848 |  |
| 1. Entity Name MB 2002 LLC | |

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|---|---|
| Principal Place of Business 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 US | Mailing Address 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 US |
|---|---|

60048604



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country | 3. Mailing Address 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country |
|---|---|

04102007 Chg-LLC CR2E083 (12/06)

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

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| 6. Name and Address of Current Registered Agent WALLACK, WILLIAM M ESQ 1819 MAIN STREET, SUITE 1100 SARASOTA CITY CENTER SARASOTA, FL 34236 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLOOM, HOWARD 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLOOM, DIANE 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMR Bloom, Howard 1801 Clint Moore Rd # 217 Boca Raton FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMR Bloom, DIANE 1801 Clint Moore Rd # 217 Boca Raton FL- 33487 <input checked="" 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 exemptions contained in Chapter 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

Date

Daytime Phone #

04/11/07 (561) 912-0029