


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90025 039 ***138.75

DOCUMENT # L02000017848		
1. Entity Name MB 2002 LLC		

Principal Place of Business 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 US	Mailing Address 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 US
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50005362



2. Principal Place of Business - No P.O. Box # <u>5301 N. Federal Hwy</u> Suite, Apt. #, etc. <u># 380</u>	3. Mailing Address <u>5301 N. Federal Hwy</u> Suite, Apt. #, etc. <u># 380</u>
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02272008 Chg-LLC CR2E083 (12/06)

City & State <u>Boca Raton, FL</u>	City & State <u>Boca Raton, FL</u>
Zip <u>33487</u>	Zip <u>33487</u>
Country	Country

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

7. Name and Address of New Registered Agent Name <u>HOWARD BLOOM</u> Street Address (P.O. Box Number is Not Acceptable) <u>5301 N. Federal Hwy # 380</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u>

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] (NOTE: Registered Agent signature required when reinstating) DATE 3/01/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 1801 CLINT MOORE RD #217 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	MGR Bloom, HOWARD 5301 N. Federal Hwy, # 380 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 5301 N. Federal Hwy # 380 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] Date 02/28/08 (561) 674-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #