


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018852 1. Entity Name MBT ENTERPRISES, LLC	
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Principal Place of Business 3653 SHAWNEE SHORES DR. JACKSONVILLE, FL 32225	Mailing Address P.O. BOX 11947 JACKSONVILLE, FL 32239
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DO NOT WRITE IN THIS SPACE



03102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2066643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, HEATHER M 50 A1A NORTH, SUITE 102 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by May 1, 2005**

U00000260013
03/12/05-80006-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENSON, BRYAN D 3653 SHAWNEE SHORES DR JACKSONVILLE, FL 32225
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____