2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025955

1. Entity Name MB2 CONSULTING, LLC



FILED Apr 29, 2004 08:00 AM Secretary of State

CR2E083 (10/03)

Principal Place of Business

8124 LOS PINOS BLVD. CORAL GABLES, FL 33143 Mailing Address

8124 LOS PINOS BLVD. CORAL GABLES, FL 33143

П	П	П	П	П	П	П	П	П	П	П	П	П		Г
L	ш	ш	اا	ابا	ш	ш	L.,}			ı		ш	ш	لبا

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 26-3197981 Applied For Not Applicable

5. Certificate of Status Desired 55.00 Additional Fee Required

5. Name and Address of Current Registered Agent

STEARNS, WEAVER, MILLER, ET AL C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04132004 No Chg-LLC

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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISER, WARREN 8124 LOS PINOS BLVD. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THTLE NAME SIREET ADDRESS COY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET AODRESS CITY-ST-ZIP	
TOTALE NAME STREET ADDRESS CITY-ST-ZIP	

Ut 1000141855 14 33594-83017-122 50,90

DO NOT WRITE IN THIS SPACE

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

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

4/27/04

305.854-7342

/ Date

Daytime Phone #