

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90007 016 ****55.00

DOCUMENT # L02000029497

1. Entity Name
MBC PROPERTIES, LLC



Principal Place of Business
**2471 E NINE MILE ROAD
PENSACOLA, FL 32514**

Mailing Address
**PO BOX 10387
PENSACOLA, FL 32524-0387**

DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-2385541

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOLLARS, BERT D
2471 E NINE MILE ROAD
PENSACOLA, FL 32514**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KOLLARS, BERT
2471 E NINE MILE ROAD
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KOLLARS, CRAIG G
2471 E NINE MILE ROAD
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CONWAY, MARK
2471 E NINE MILE ROAD
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Date

Daytime Phone #

Managing Member 5/1/2004 850-476-5101