2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90035 003 ****50.00

DOCUMENT # L02000029497

1. Entity Name
MBC PROPERTIES, LLC

Principal Place of Business	Mailing Address
2471 E NINE MILE ROAD PENSACOLA, FL 32514	PO BOX 10387 PENSACOLA, FL 32524-0387

DO NOT WRITE IN THIS SPACE

04292005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (If a registered agent is required when changing)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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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)(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: Bert Kollars 4/29/05 850-476-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #