

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029497

Entity Name: MBC PROPERTIES, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2471 E NINE MILE ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

PO BOX 10387
PENSACOLA, FL 325240387

New Mailing Address:

FEI Number: 52-2385541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLLARS, BERT
Address: 2471 E NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: KOLLARS, CRAIG G
Address: 2471 E NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: CONWAY, MARV
Address: 2471 E NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 D KOLLARS

M

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date