

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021384

1. Entity Name
MBP, LLC



Principal Place of Business
2501 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33407

Mailing Address
2501 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33407



01252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0040360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATIPA, MICHAEL
112 EBBTIDE DR.
NORTH PALM BEACH, FL 33408

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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, 2006

000000436103
02/27/06-80024-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATIPA, MICHAEL
112 EBBTIDE DR.
NORTH PALM BEACH, FL 33408

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Overtime Phone #

1/29/06 561-8321448