

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022411

Entity Name: M&B PROPERTIES, L.L.C.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

721 NE 63 STREET  
OCALA, FL 34479

## New Principal Place of Business:

2945 NE 3RD STREET  
SUITE 101  
OCALA, FL 34470

## Current Mailing Address:

721 NE 63 STREET  
OCALA, FL 34479

## New Mailing Address:

2945 NE 3RD STREET  
SUITE 101  
OCALA, FL 34470

FEI Number: 37-1442242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCPHERSON, LINDA B PR  
721 NORTHEAST 63 STREET  
OCALA, FL 34479 US

## Name and Address of New Registered Agent:

MCPHERSON, LINDA B PR  
2945 NE 3RD STREET  
SUITE 101  
OCALA, FL 34470 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: LINDA MCPHERSON

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PR ( ) Change (X) Addition  
Name: MCPHERSON, LINDA PR  
Address: 2945 NE 3RD STREET, SUITE 101  
City-St-Zip: Ocala, FL 34470

Title: S ( ) Change (X) Addition  
Name: BROWN, JOSHUA S S  
Address: 2945 NE 3RD STREET, SUITE 101  
City-St-Zip: Ocala, FL 34470

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: LINDA MCPHERSON

PR

04/21/2009

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