

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027246

Entity Name: MBN CONSULTING LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

7865 AMETHYST LAKE PT.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7865 AMETHYST LAKE PT.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0288699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, STEVEN
7865 AMETHYST LAKE PT.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

SANDERS, LORRAINE
7865 AMETHYST LAKE PT.
LAKE WORTH, FL 33467 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: LORRAINE SANDERS

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDERS, STEVEN
Address: 7865 AMETHYST LAKE PT.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR () Delete
Name: SANDERS, STEVEN
Address: 7865 AMETHYST LAKE PT.
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, LORRAINE
Address: 7865 AMETHYST LAKE PT.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM (X) Change () Addition
Name: SANDERS, STEVEN
Address: 7865 AMETHYST LAKE PT.
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE SANDERS

MGRM

01/11/2006

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