2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 JUL 15 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000036048

1. Entity Name
MLB, L.L.C.

Principal Place of Business	Mailing Address
550 S. EXETER STREET EUSTIS, FL 32726	550 S. EXETER STREET EUSTIS, FL 32726

07142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1333 East Orange Ave	1333 East Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis FL	City & State: Eustis, FL 32726
Zip: 32726 Country: USA	Zip: 32726 Country: USA

4. FEI Number: 05-0587561 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRETT, WILLIAM M 550 S. EXETER STREET EUSTIS, FL 32726 BM	Name: Shafeeq Ali Street Address (P.O. Box Number is Not Acceptable): 1402 Country Ridge Place City: Orlando FL Zip Code: 32835

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: X Shafeeq Ali DATE: 7/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SUPERIOR SERVICE CORP. OF LAKE COUNTY 550 S. EXETER STREET EUSTIS, FL 32726	☒ Delete	MGRM Shafeeq Ali 1402 Country Ridge Place Orlando, FL 32835	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	700039313 07/19/04--01081--003 **50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Shafeeq Ali 7/14/04 352-589-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #