

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000044451

1. Entity Name
MBC TERRACE, LLC



Principal Place of Business

**C/O JACK AND KATHRYN STETTTLER
56785 COUNTY RD 13, SOUTH
ELKHART, IN 46516**

Mailing Address

**C/O JACK AND KATHRYN STETTTLER
56785 COUNTY RD 13, SOUTH
ELKHART, IN 46516**



02012005No Chg-LLC

GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1005675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSTARD, R. DAVID
200 S. ORANGE AVE.
SARASOTA, FL 34236**

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DOUGLAS STETTTLER, MARK
3660 GORDON RD
ELKHART, IN 46516**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALAN STETTTLER, BRENT
51264 NORTH SHORE DR
ELKHART, IN 46516**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WATKINS, CLAUDIA SUE
23885 N. SHORE DR
EDWARDSBURG, MI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/14/05-80004-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark D. Stettler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/05 574 2937260