2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044451

1. Entity Name
MBC TERRACE, LLC

Principal Place of Business	Mailing Address
C/OJACK AND KATHRYN STETTLER 56785 COUNTY RD 13, SOUTH ELKHART, IN 46516	C/OJACK AND KATHRYN STETTLER 56785 COUNTY RD 13, SOUTH ELKHART, IN 46516

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03162007 No Chg-LLC CR2E083 (11/05)

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

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOUGLAS STETTLER, MARK
STREET ADDRESS	3660 GORDON RD
CITY-ST-ZIP	ELKHART, IN 46516
TITLE	MGR
NAME	ALAN STETTLER, BRENT
STREET ADDRESS	51264 NORTH SHORE DR
CITY-ST-ZIP	ELKHART, IN 46516
TITLE	MGR
NAME	WATKINS, CLAUDIA SUE
STREET ADDRESS	23685 N. SHORE DR
CITY-ST-ZIP	EDWARDSBORG, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80006-019 50.00

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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: Claudia Sue Watkins 3/20/07 269-687-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #