

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044451

Entity Name: MBC TERRACE, LLC

FILED
Aug 08, 2008
Secretary of State

Current Principal Place of Business:

C/OJACK AND KATHRYN STETTLER
56785 COUNTY RD 13, SOUTH
ELKHART, IN 46516

New Principal Place of Business:

Current Mailing Address:

C/OJACK AND KATHRYN STETTLER
56785 COUNTY RD 13, SOUTH
ELKHART, IN 46516

New Mailing Address:

FEI Number: 20-1005675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOUGLAS STETTLER, MARK
Address: 3660 GORDON RD
City-St-Zip: ELKHART, IN 46516

Title: MGR () Delete
Name: ALAN STETTLER, BRENT
Address: 51264 NORTH SHORE DR
City-St-Zip: ELKHART, IN 46516

Title: MGR () Delete
Name: WATKINS, CLAUDIA SUE
Address: 23685 N. SHORE DR
City-St-Zip: EDWARDSBORG, MI

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WATKINS, CLAUDIA SUE
Address: 110 RIDGEWOOD COURT
City-St-Zip: NILES, MI 49120

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: CLAUDIA SUE WATKINS

MGR

08/08/2008

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