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FILED
May 10, 2004 8:00 am
Secretary of State

03-15-2004 90432 042 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050604

1. Entity Name
MBC LLC

Principal Place of Business	Mailing Address
777 S. HARBOUR ISLAND BOULEVARD SUITE 360 TAMPA, FL 33602	777 S. HARBOUR ISLAND BOULEVARD SUITE 360 TAMPA, FL 33602

03092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4532 US Highway 19, 2nd Floor	4532 US Highway 19, 2nd Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

4. FEI Number: 200449087 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL L
777 S. HARBOUR BLVD, STE 360
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Michael L. Bronson
Street Address (P.O. Box Number is Not Acceptable): 4532 US Highway 19, 2nd Floor
City: New Port Richey FL Zip Code: 34652

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGING MEMBER	☐ Delete	TITLE	manager	☐ Change ☐ Addition
NAME	Michael L. Bronson		NAME		
STREET ADDRESS	4532 US Highway 19, 2nd Floor		STREET ADDRESS		
CITY-ST-ZIP	New Port Richey, FL 34652		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #