

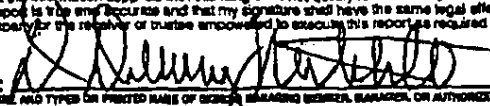
FILED

3/11

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 777 S. HARBOUR ISLAND BOULEVARD SUITE 360 TAMPA, FL 33602		Mailing Address 777 S. HARBOUR ISLAND BOULEVARD SUITE 360 TAMPA, FL 33602	
2. Principal Place of Business 4532 US Highway 19, 2nd Floor Suite, Apt. 9, etc.		3. Mailing Address 4532 US Highway 19, 2nd Floor Suite, Apt. 9, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34652		Zip 34652	
Country USA		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 _____ DATE _____ (Signature typed or printed name of registered agent and fee \$ applicable. (NOTE: Registered Agent signature required when ascending))			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Michael L. Bronson 4532 US Highway 19, 2nd Floor New Port Richey, FL 34652	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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 for the relative or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			