

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015784

Entity Name: MBX2 HOLDINGS LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

2244 CAPE HEATHER CIR  
CAPE CORAL, FL 33991

## New Principal Place of Business:

11947 TULIO WAY  
#4005  
FORT MYERS, FL 33912

## Current Mailing Address:

2244 CAPE HEATHER CIR  
CAPE CORAL, FL 33991

## New Mailing Address:

11947 TULIO WAY  
#4005  
FORT MYERS, FL 33912

FEI Number: 20-0909901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIELECKI, MARIUSZ  
2244 CAPE HEATHER CIR  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

BIELECKI, MARIUSZ  
11947 TULIO WAY  
#4005  
FORT MYERS, FL 33912 US

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: MARIUSZ BIELECKI

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LUDDEN, BRIAN  
Address: 2277 CAPE HEATHER CIR  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete  
Name: BIELECKI, MARIUSZ  
Address: 2244 CAPE HEATHER CIR  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete  
Name: ARDOLINO, WILLIAM  
Address: 1260 21ST STREET NW #803  
City-St-Zip: WASHINGTON, DC 20036

Title: MGRM ( ) Delete  
Name: MCDONNELL, MIKE  
Address: 348 SW 29TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete  
Name: GONZALEZ, OSCAR  
Address: 213 SE 3RD STREET  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LUDDEN, BRIAN  
Address: 348 SW 29TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change ( ) Addition  
Name: BIELECKI, MARIUSZ  
Address: 11947 TULIO WAY #4005  
City-St-Zip: FORT MYERS, FL 33912

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

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

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

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: MARIUSZ BIELECKI

MGRM

04/29/2009

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