

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-02-2006 90039 008 ****50.00

DOCUMENT # L04000017666
 1. Entity Name
MB MCNAB LAND, LLC



Principal Place of Business Mailing Address
C/O MARK BUTTERS **C/O MARK BUTTERS**
1096 EAST NEWPORT CENTER DR **1096 EAST NEWPORT CENTER DR**
DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH, FL 33442**

30010413



2. Principal Place of Business 3. Mailing Address
6820 LYONS TECHNOLOGY CIRCLE **6820 LYONS TECHNOLOGY CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#100 **#100**
 City & State City & State
COCONUT CREEK FL. **COCONUT CREEK FL.**
 Zip Zip Country Country
33073 **33073** **USA** **USA**

03072006 Chg-LLC CR2E083 (11/05)
 4. FEI Number Applied For
APPLIED FOR 20-0836907 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BUTTERS, YARK
1096 E. NEWPORT CENTER DR
100
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
 Name **Mark Butters**
 Street Address (P.O. Box Number is Not Acceptable)
6820 LYONS TECHNOLOGY CIRCLE #100
 City **COCONUT CREEK** State **FL** Zip Code **33073**

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 **M. Butters** DATE **4/28/06**
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, 2006 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MARK 1096 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Mark Butters 6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL. 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or empowered to execute this report as required by Chapter 608, Florida Statutes.
 SIGNATURE: **M. Butters** DATE **4/28/06** (541) 570-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #