


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90039 028 ****50.00

DOCUMENT # L04000017688	
1. Entity Name MB-FM, LLC	

Principal Place of Business 1096 E NEWPORT CENTER DR, STE 100 DEERFIELD BEACH, FL 33442	Mailing Address 1096 E NEWPORT CENTER DR, STE 100 DEERFIELD BEACH, FL 33442
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20043008

2. Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. # 100 City & State COCONUT CREEK, FL. 330	3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. # 100 City & State COCONUT CREEK, FL.
Zip 33073	Country USA

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0809215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent BUTLERS, MALCOLM 1896 NEWPORT CENTER DR # 100 DEERFIELD BEACH, FL 33442	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6820 LYONS TECHNOLOGY CIRCLE, # 100 City COCONUT CREEK FL Zip Code 33073	
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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 04/28/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLERS, MALCOLM 1096 E NEWPORT CENTER DR, # 100 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malcolm 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>M. BUTTERS</u> 04/28/06 954-570-8111	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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