2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04.10.3005.00070.030.****50.00

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DOCUMENT # L04000020348 1. Entity Name MB INVESTMENT HOLDINGS, LLC							90079 039 ***	**50.00
Principal Plac	e of Business	Mailing Address			1	2003	2112	
995 NW 5TH STREET 995 NW 5TH STREET								
BOCA RATON		BOCA RATON, FL 33486			•			
	•							
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04112005	Chg-LLC	CR2E083 (10/	03)
					07712000	Ong-LLO	Chacoos (10	00)
City & State		City & State		4. FEI Numb		ĺ	Applied For	
		<u></u>		20-1544411 Not Applicable				
Zip	Country	Zip	Countr	ту	E Cartificate	of Status Desired	□ \$5.00	Additional
					5. Cermicate	of Status Desired	Fee Rec	quired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
				Name	•			
	RPORATE SYSTEMS, INC.		-					
	LONIA AVENUE 2ND FLOOR			Street Address	(P.O. Box Numb	er is Not Acceptable	•)	
CORAL G	ABLES, FL 33134					•		
				City			FL Zip	Code
		· · · -					1	
8. The above	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered	d office or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar i	vith, and accept
tile obligat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent							
	og date, types of printed to the gratered agent	and the mappingable. (NCTE.	: Hegistered	Agent signature requires	when reinstating)		DATE	
		and the II applicable.	: Hegistered /	Agent signature require	when reinstating)		DATE	
Fi	iling Fee is \$50.00	and the II appreciate. [NOTE.	: Hegistered i	Agent signature requirer	when reinstating)		a check payable	
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11. I hereby certify that the information supplied with this thing 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 the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on the information indicated on this report is true and accurate and that the information indicated on the information indicat

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-322-8422 Daysime Phone #