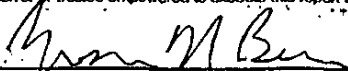


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-08-2005 90026 043 ****50.00

DOCUMENT # L04000035942			
1. Entity Name MNB2, LLC			
Principal Place of Business 956 POMPANO DRIVE JUPITER, FL 33458		Mailing Address 956 POMPANO DRIVE JUPITER, FL 33458	
2. Principal Place of Business		3. Mailing Address P.O. Box 3719	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TEQUESTA, FL	
Zip	Country	Zip 33469	Country U.S.A
6. Name and Address of Current Registered Agent BENAIM, MONROE N-- 956 POMPANO DRIVE JUPITER, FL 33458		4. FEI Number 01112005 Chg-LLC CP2E083 (10/03)	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition
		Monroe Benaim, Mgr.	
		956 POMPANO DR	
		Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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)(i), 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: 		Date: 3/4/05 Daytime Phone #: 561 743-4629	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			