2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 06, 2008 08:00 A **DOCUMENT # L04000035942** Secretary of State 1. Entity Name MNB2, LLC Principal Place of Business Mailing Address 956 POMPANO DRIVE P.O. BOX 3719 JUPITER, FL 33458 TEQUESTA, FL 33469 03032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENAIM, MONROE N DO NOT WRITE 956 POMPANO DRIVE JUPITER, FL 33458 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent a-gnature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR BENAIM, MONROE NAME 956 POMPANO DR STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP U00000849596 03/21/08-80025-024 138.75 TITLE STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: MONTH OF PRINTED NAME OF PROMISE MANAGING MEMBERS OF

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/4/08

561 746-6666

Date

Daytime Phone #

FILED