## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 12, 2007 8:00 am Secretary of State

ANNOAL REFORT					Secretary or State				
DOCUI 1. Entity Nam MBM COI				01-12-2001	_				
Principal Place of Business 849 20TH STREET VERO BEACH, FL 32960		Mailing Address 849 20TH STREET VERO BEACH, FL 32960						-	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State			4. FEI Number Applied For 34-2019726 Not Applicable				
Zip Country		Zip Country			5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
at the state of th			Name						
NOVAK, D 849 20TH VERO BEA			Street A	Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	9
	named entity submits this statement filions of registered agent.	or the purpose of changing its	registered office of	r registere	ed agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
PICALATURE									ļ
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signa	lure required	when reinstating)		DATE		
ļ	Signature, typed or printed name of registered agen illing Fee is \$50.00 ue by May 1, 2007	t and title if applicable. (NOTE	: Registered Agent signa	lure required	when reinstating)		DATE ke check pa la Departme		a .
FI			Registered Agent signa	lure required	when reinstating)	Florid	ke check pa la Departme		9
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.	ture required	when reinstating)	Florid	ke check pa	ant of State	
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB		10.	ture required	when reinstating)	Florid	ke check pa la Departme		Addition
9. TITLE	MANAGING MEMB MGRM BROWN, MARK A	ERS/MANAGERS	10. TITLE NAME			ADDITIONS	ke check pa la Departme 6/CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM BROWN, MARK A AV CAPITAINE PIRET 67	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS	Ala	m. Desc	ADDITIONS CObrimen	ke check particle in the changes	Change	Addition th Esq.
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMB MGRM BROWN, MARK A AV CAPITAINE PIRET 67 1150 BRUSSELS BELGIUM,	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ala	m. Desc	ADDITIONS	ke check particle in the changes	Change	Addition th Esq.
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM BROWN, MARK A AV CAPITAINE PIRET 67 1150 BRUSSELS BELGIUM, MGRM MANN, MARGARET E AV CAPITAINE PIRET 67	ERS/MANAGERS	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Ala 448	m. Desc	ADDITIONS COBriment Vila Do	ke check partine  CHANGES  LOS 40  Conde	Change  Change  Change  Change  Change	Addition th Esq. tugal Addition Esq.
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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: David Novak, Registered Agent Jurilloush 1/3/07 772-778-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date David Daylore Phone #