

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062903

Entity Name: MAB VENTURES, LLC

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

2723 SOUTH WOODLAND AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

4757 S. ATLANTIC AVE
#502
PONCE INLET, FL 32127

New Mailing Address:

8189 NARROW LEAF POINT
SANFORD, FL 32771

FEI Number: 86-1117869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLES, MARY ANNE
4757 S. ATLANTIC AVE
#502
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

LUPORI, SUZANNE M
8189 NARROW LEAF POINT
SANFORD, FL 32771 US

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.

SIGNATURE: SUZANNE M. LUPORI

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWLES, MARY ANNE
Address: 4757 S. ATLANTIC AVE #502
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUPORI, SUZANNE M
Address: 8189 NARROW LEAF POINT
City-St-Zip: SANFORD, FL 32771SU

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE M. LUPORI

MM/M

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date