

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072328

Entity Name: M B DEVELOPMENT, LLC

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

36 EAST EDGEWATER DRIVE  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

36 EAST EDGEWATER DRIVE  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 27-0106130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIAMSON, A. WAYNE  
1020 FERDON BLVD., SOUTH  
WELTON & WILLIAMSON, P.A.  
CRESTVIEW, FL 32536 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARRY, MATTHEW  
Address: 36 EAST EDGEWATER DRIVE  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM ( ) Delete  
Name: MUNSON, MICHAEL  
Address: 11702 CABANA COURT  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW R BARRY

PRES

06/29/2005

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