

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073128

Entity Name: MBG, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

508 CANOPE LANE  
LADY LAKE, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 354  
OXFORD, FL 34484

**New Mailing Address:**

FEI Number: 20-1723547      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:**

DOBBINS, THOMAS J  
21 N MAGNOLIA AVE  
2ND FLOOR  
OCALA, FL 34475 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: BEKKERS, MARY L  
Address: 2327 KENILWORTH PLACE  
City-St-Zip: THE VILLAGES, FL 32162

Title: VP ( ) Delete  
Name: CUCCIO, JOHN  
Address: PO BOX 354  
City-St-Zip: OXFORD, FL 34484

**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 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: JOHN CUCCIO

VP

05/01/2007

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