

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088461

Entity Name: MBF MIAMI, LLC

FILED
Mar 06, 2006
Secretary of State

Current Principal Place of Business:

C/O LES H. STEVENS, P.A.
4512 NORTH FLAGLER DRIVE, SUITE 201
WEST PALM BEACH, FL 33407

Current Mailing Address:

C/O LES H. STEVENS, P.A.
4512 NORTH FLAGLER DRIVE, SUITE 201
WEST PALM BEACH, FL 33407

New Principal Place of Business:

C/O LES H. STEVENS, P.A.
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

New Mailing Address:

C/O LES H. STEVENS, P.A.
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

FEI Number: 20-3081801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LES H ESQ.
C/O LES H. STEVENS, P.A.
4512 NORTH FLAGLER DRIVE, SUITE 201
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

STEVENS, LES H ESQ.
C/O LES H. STEVENS, P.A.
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432 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: LES H. STEVENS

03/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: FARBSTAIN, MARC B MR
Address: P.O. BOX 2024
City-St-Zip: PINE BROOK, NJ 07058

ADDITIONS/CHANGES:

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 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: MARC FARBSTAIN

MEM

03/06/2006

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