2007 LIMITED LIABILITY COMPANY

TILE

NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALE STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Jul 12, 2007 08:00 AM DOCUMENT # L04000089062 **Secretary of State** 1. Entity Name MNMB, LLC Principal Place of Business Mailing Address **15 PAVILION LAKE RD** 15 PAVILION LAKE ROAD NORTH AUGUSTA, SC 29860 NORTH AUGUSTA, SC 29860 CR2E083 (11/05) 07092007 No Cha-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2188780 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ABRAMSON, LAWRENCE M DO NOT WRITE 1860 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Recistered Agent signature required when reinstating) DATE: Filing Fee is \$50.00 Due by September 14, 2007 U00000768507 97/12/07-80014-013 SO.00 9, MANAGING MEMBERS/MANAGERS TITLE PRES HOOKER, MICHAEL R MARIE STREET ADORESS 15 PAVILION LAKE RD NORTH AUGUSTA, SC 29860 CITY-ST-ZIP MGR HILE HOOKER, MICHAEL S MAME STREET ADDRESS 485 12TH STREET SE CITY-ST-ZIP VERO BEACH, FL 32960 MGR TITLE JONES, BERNARD L NAME STREET ADDRESS 6237 ROYAL PALM BEACH BLVD. DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33412

IN THIS SPACE

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 AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE