


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90038 025 \*\*\*\*55.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L04000093591</b><br>1. Entity Name<br><b>M AND B REALTY HOLDINGS "LLC"</b>  |  |  |   |                           |  |
| Principal Place of Business<br><b>12536 BUTLER BAY CT<br/>WINDERMERE, FL 34786</b>  |  |  | Mailing Address<br><b>12536 BUTLER BAY CT<br/>WINDERMERE, FL 34786</b>                |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   | 4. FEI Number <b>73-1726125</b><br>Applied For<br><input type="checkbox"/> Not Applicable                  |  |
| Zip   | Country  | Zip  | Country   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| <b>MOHLMAN, ROBERTA L<br/>12536 BUTLER BAY CT<br/>WINDERMERE, FL 34786</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MOHLMAN, ROBERTA L<br/>12536 BUTLER BAY CT<br/>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>MOHLMAN, THEODORE A<br/>12536 BUTLER BAY CT<br/>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>BECKER, JOHN W<br/>540102 LEXINGTON CT<br/>LONG BEACH, CA 90803</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>BECKER, DONNA<br/>540102 LEXINGTON CT<br/>LONG BEACH, CA 34786</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |  |  |   |  |  |
| <b>SIGNATURE: <i>Roberta L. Mohlman</i></b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | <b>4-15-05</b><br>Date Daytime Phone #  |  |  |