

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000011189

1. Entity Name
MBM PROPERTY GROUP LLC



Principal Place of Business
10126 S.W. 52ND ROAD
GAINESVILLE, FL 32608

Mailing Address
10126 S.W. 52ND ROAD
GAINESVILLE, FL 32608



02012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, BROOKE M
10126 S.W. 52ND ROAD
GAINESVILLE, FL 32608

**DO NOT WRITE
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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILLS, MARY D
STREET ADDRESS	4 PIPEMAKER LN
CITY-STATE-ZIP	SAVANNAH, GA 31411
TITLE	MGRM
NAME	MILLS, GARY R
STREET ADDRESS	10126 S.W. 52ND ROAD
CITY-STATE-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	MILLS, LISA A
STREET ADDRESS	10126 S.W. 52ND ROAD
CITY-STATE-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	BASS, BROOKE M
STREET ADDRESS	10126 S.W. 52ND ROAD
CITY-STATE-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000833212
02/28/08-80003-025 138.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/17/08

Date

Daytime Phone #

352-246-4664