2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

(4) 9-15-06 150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:18

DOCUMENT # L05000050396

1. Entity Name
MAB PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~3049 BELL GROVE DRIVE~~ ~~TALLAHASSEE, FL 32308~~ 3758 Piney Grove Drive Tallahassee, Fla 32311	~~3049 BELL GROVE DRIVE~~ ~~TALLAHASSEE, FL 32308~~

03172006 Cng-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUHGES, J. JOSEPH 4913 N. MONROE STREET TALLAHASSEE, FL 32303	Name: PAUL A. POSEY, CPA Street Address (P.O. Box Number is Not Acceptable): 2080 DELTA WAY City: TALLAHASSEE FL Zip Code: 32303

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: Paul A Posey 11-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER MARK A. BONN 3758 PINEY GROVE DRIVE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200021010412 11/30/06--01096--001 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: MARK BONN 11-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

December 21, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 2006 Annual Report

In reference to your letter dated November 30, 2006 (enclosed), I am returning the Annual Report with the additional information requested.

I also request that you **abate** the $100.00 reinstatement fee. **I did not receive prior notification to file the 2006 Annual Report.** Please accept the previously paid filing fee of $50.00 as timely filed.

Please adjust your records accordingly.

Cordially,

Mark A. Bonn, Member
MAB Properties, LLC
3758 Piney Grove Drive
Tallahassee, FL 32311

MAB
Enclosures