2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000069614

1. Entity Name INVESTMENT PROPERTIES OF M&B, LLC



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

926 HAWK LANDING FRUITLAND PARK, FL 34731 926 HAWK LANDING FRUITLAND PARK, FL 34731



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0624908

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROY, STEVEN M 1028 LAKE SUMTER LANDING THE VILLAGES. FL 32162

DO NOT WRITE IN THIS SPACE

THE VILLAGES, FL 32162		IN	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 egent and little if applicable. (NOTE: Regi		(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	l l		
NAME	MCCABE, GEORGE F			
STREET ADDRESS	926 HAWK LANDING			
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	·		
TITLE	MGRM	l	04/17/07-80049-025 50.00	
NAME	BORROWMAN, C. DALE			
STREET ADDRESS	2866 CARRIAGE COURT		j	
CITY-ST-ZIP	THE VILLAGES, FL 32162	······································	j	
TITLE		ı		
NAME				
STREET ADDRESS		i no	NOT WRITE	
CITY-ST-ZIP				
TITLE		I IN	THIS SPACE	
NAME		1 "		
STREET ADDRESS				

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:

CITY-ST-ZIP

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

C. Dale Bourne

C. DALE BORROWMAN

4-5-2-207

352-753-6278

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

Date

Daytime Phone #