

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90034 016 \*\*\*143.75

<b>DOCUMENT # L05000076393</b>					
<b>1. Entity Name</b> MBC HOMES LLC					
<b>Principal Place of Business</b> 4800 N. FEDERAL HIGHWAY SUITE 204D BOCA RATON, FL 33431 US			<b>Mailing Address</b> 2455 E SUNRISE BLVD STE 205 FT. LAUDERDALE, FL 33304		
<b>2. Principal Place of Business - No P.O. Box #</b> 2455 E. SUNRISE BLVD		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 205		Suite, Apt. #, etc.			
<b>City &amp; State</b> FT LAUDERDALE FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-3282128	
Zip 33304		Country USA		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CHEELEY, MARK 1225 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM CHEELEY, MARK 539 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1225 BAYVIEW DRIVE FORT LAUDERDALE FL 33304	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/22/08 954-563-1336 Date Daytime Phone #		