

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000085122

1. Entity Name
MB HILL PROPERTIES, LLC



Principal Place of Business
**1523 BLUEGRASS LANE
LYNN HAVEN, FL 32444 US**

Mailing Address
**1523 BLUEGRASS LANE
LYNN HAVEN, FL 32444 US**



03112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3374030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, MITCHELL D
1523 BLUEGRASS LANE
LYNN HAVEN, FL 32444**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HILL, MITCHELL D
STREET ADDRESS 1523 BLUEGRASS LANE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE MGRM
NAME HILL, REBECCA S
STREET ADDRESS 1523 BLUEGRASS LANE
CITY-ST-ZIP LYNN HAVEN, FL 32444

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05/15/07-80111-025 50.00

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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: *Mitchell D. Hill*

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

3-25-07

Date

80896064

Daytime Phone #