

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085184

FILED
Aug 27, 2006
Secretary of State

Entity Name: MGB LLC

Current Principal Place of Business:

5920E. COUNTY ROAD 500 NORTH
BROWNSBURG, IN 46112

New Principal Place of Business:

Current Mailing Address:

5920E. COUNTY ROAD 500 NORTH
BROWNSBURG, IN 46112

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORTINER, D'ETTE
12811 KENWOOD LANE STE 115
FORT MYERS, FL 33907 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEANS, JENNIFER
Address: 5920E. COUNTY ROAD 500 NORTH
City-St-Zip: BROWNSBURG, IN 46112

Title: MGR () Delete
Name: MERTZ, BOB
Address: PO BOX 346
City-St-Zip: CARMEL, IN 46080

Title: MGR () Delete
Name: GREEN, DOUG
Address: 1319 MCTAVISH WAY
City-St-Zip: BOWLING GREEN, KY 42104

Title: MGR () Delete
Name: GREEN, JERRI
Address: 1319 MCTAVISH WAY
City-St-Zip: BOWLING GREEN, KY 42104

Title: MGR () Delete
Name: DAVIS, EDGAR
Address: 1245 BAY POINTE TERRACE
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR () Delete
Name: DAVIS, MARY
Address: 1245 BAY POINTE TERRACE
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDGAR E. DAVIS

MGR

08/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date