2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085184

Entity Name: MGB LLC

FILED Sep 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5920E. COUNTY ROAD 500 NORTH BROWNSBURG, IN 46112 **Current Mailing Address: New Mailing Address:** 5920E. COUNTY ROAD 500 NORTH BROWNSBURG, IN 46112 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () 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 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MEANS, JENNIFER Name: Name: 5920E. COUNTY ROAD 500 NORTH Address: Address: City-St-Zip: BROWNSBURG, IN 46112 City-St-Zip: Title: MGR Title: () Delete () Change () Addition MERTZ, BOB Name: Name: Address: PO BOX 346 Address: City-St-Zip: CARMEL, IN 46080 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GREEN, DOUG Name: Name: Address: 1319 MCTAVISH WAY Address: City-St-Zip: BOWLING GREEN, KY 42104 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GREEN, JERRI Name: Address: 1319 MCTAVISH WAY Address: City-St-Zip: BOWLING GREEN, KY 42104 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DAVIS, EDGAR Name: Name: 1245 BAY POINTE TERRACE Address: Address: City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS MARY Name: Name: Address: 1245 BAY POINTE TERRACE Address: ALPHARETTA, GA 30005 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 09/01/2007