2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-29-2006 90023 007 ****50.00

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DOCUMENT # L05000104654

1. Entity Name

PLYMOUTH MB, LLC

Principal Place of Business
340 W. TERRACE OAK DRIVE, UNIT 152
LEESBURG FL 34748

Mailing Address
340 W. TERRACE OAK DRIVE, UNIT 152
LEESBURG FL 34748

1st MOORE CR2E083 (10/05)

2. Principal Place of Business: 1029 W. Magnolia St.
Suite, Apt. #, etc.
City & State: Leesburg, FL
Zip: 34748 Country: USA

3. Mailing Address: 1029 W. Magnolia St.
Suite, Apt. #, etc.
City & State: Leesburg FL
Zip: 34748 Country: USA

4. FEI Number: 20-3705851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOUNT, RICHARD W
340 W. TERRACE OAK DRIVE, UNIT 152
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1029 W. Magnolia St.
City: Leesburg FL Zip Code: 34748

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOUNT, RICHARD W 340 W. TERRACE OAK DRIVE, UNIT 152 LEESBURG FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNNS, RULON D 2601 TECHNOLOGY DRIVE ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 03/20/2006 (352) 516-8468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Richard W. Blount