


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

56

<b>DOCUMENT # L05000105078</b> 1. Entity Name <b>MB RIVER DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>	Mailing Address <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>
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2. Principal Place of Business - No P.O. Box # <b>18815 Conway Windermere Rd</b> Suite, Apt. #, etc. <b>Suite 193</b> City & State <b>Orlando FL</b> Zip <b>32835</b>	3. Mailing Address <b>18815 Conway Windermere Rd</b> Suite, Apt. #, etc. <b>Suite 193</b> City & State <b>Orlando FL</b> Zip <b>32835</b>
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07 AUG 23 PM 1:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



08172007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MESSICK, ROBERT 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>	7. Name and Address of New Registered Agent Name <b>Brvik, Mark</b> Street Address (P.O. Box Number is Not Acceptable) <b>18815 Conway Windermere Rd</b> <b>Suite 193</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b>
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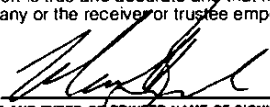
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>BRIVIK, MARK</b> <b>PO BOX 640</b> <b>SARASOTA, FL 34230</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18815 Conway Windermere Rd Suite 193</b> <b>Orlando FL 32835</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **08/17/07**

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

Date Daytime Phone #