2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000013840

Entity Name: M.A.B.E.S.T. LLC

Current Principal Place of Business:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34639 US

Current Mailing Address:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34639

New Mailing Address:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34639 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
STE. 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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: TAYLOR, GEOFFREY
Address: 7803 BLUE SPRING DRIVE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TAYLOR, GEOFFREY
Address: 7803 BLUE SPRING DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

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: TAYLOR, GEOFFREY MGR 04/26/2007

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