

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 041 ***138.75

DOCUMENT # L06000020165



1. Entity Name
MLPB AND DSB LLC

Principal Place of Business
**820 EAST ORANGE AVENUE
 EUSTIS, FL 32726 US**

Mailing Address
**820 EAST ORANGE AVENUE
 EUSTIS, FL 32726 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3780486

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

00010000



6. Name and Address of Current Registered Agent

**BURGOS, MARIA L
 1701 EDGEWATER DRIVE
 MOUNT DORA, FL 32757**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME BURGOS, MARIA L
 STREET ADDRESS 1701 EDGEWATER DRIVE
 CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME BURGOS, DON S
 STREET ADDRESS 1701 EDGEWATER DRIVE
 CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME BURGOS, RONALD D
 STREET ADDRESS 1701 EDGEWATER DRIVE
 CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *De Louisa F...* **3/6/08** **(352) 589-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #