2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L06000023199

Entity Name: MBRH PROPERTIES, LLC

Current Principal Place of Business:

5116 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6455
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-4374975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARBSMEIER, CURT L
5116 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813 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:	MGRM	( ) Delete
Name:	MORSE, EMERY T	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	MORSE, JULIANNE	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	BREDEWEG, BERNARD	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	BREDEWEG, MARY	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	RIDDLE, AUSTIN	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	RIDDLE, KAREN	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: EMERY T. MORSE MR. 02/05/2009

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