2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90030 014 ****50.00

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1. Entity Name
MB FINANCIAL SERVICE LLC

Principal Place of Business	Mailing Address
429 N. DIXIE HIGHWAY SUITE 201 POMPANO BEACH, FL 33062	429 N. DIXIE HIGHWAY SUITE 201 POMPANO BEACH, FL 33062

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

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-323 8852 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHENK & ASSOCIATES, PLC 999 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131	Name The Van Gent Law Firm, a Professional Association Street Address (P.O. Box Number is Not Acceptable) 2881 E. Oakland Park Blvd. Ste 212 City Fort Lauderdale FL Zip Code 33306-1813

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 RON VAN GENT, PRESIDENT 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME	HELLER, MICHAEL	NAME	Hiller, Klaus
STREET ADDRESS	429 N. DIXIE HIGHWAY, SUITE 201	STREET ADDRESS	429 N. Dixie Highway, Suite 201
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY ST ZIP	Pompano Beach, FL 33062
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: 03/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #