

2009
**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000054717

1. Entity Name

MBP INVESTMENT GROUP, LLC



Principal Place of Business

275 NE 28TH STREET
 BOCA RATON, FL 33431

Mailing Address

275 NE 28TH STREET
 BOCA RATON, FL 33431

FILED
 09 MAY 27 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-4960795	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DERALUS, PROFETE
 275 NE 28TH STREET
 BOCA RATON, FL 33431

**DO NOT WRITE
 IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DERALUS, PROFETE
STREET ADDRESS	275 NE 28TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	DERALUS, MARIE
STREET ADDRESS	275 NE 28TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200156273162
 05/21/09--01014--005 **138.75

**DO NOT WRITE
 IN THIS SPACE**

D. BRUCE
 MAY 28 2009
EXAMINER

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: _____

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

Date

Daytime Phone #

4-28-09