2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056721

Entity Name: MB, LLC

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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10191 W SAMPLE RD 10191 W SAMPLE RD SUITE 2215 SUITE 215

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

10191 W SAMPLE RD 10191 W SAMPLE RD

SUITE 2215 SUITE 215 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

FEI Number: 20-4985090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZIENTS, KAREN

10191 W SAMPLE RD

SUITE 2215

CORAL SPRINGS, FL FL US

ZIENTS, KAREN

10191 W SAMPLE RD

SUITE 215

CORAL SPRINGS, FL FL US

ZIENTS, KAREN

10191 W SAMPLE RD

SUITE 215

CORAL SPRINGS, FL FL US

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

in the State of Florida.

SIGNATURE: KAREN ZIENTS 04/27/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition ZIENTS, KAREN ZIENTS, KAREN Name: Name: Address: 10191 W SAMPLE RD SUITE 215 Address: 10191 W SAMPLE RD SUITE 215 City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: Title: () Change (X) Addition () Delete ELAINE, BERKOW Name: Name: Address: Address: 10191 W SAMPLE RD SUITE 215 City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065 Title:

 Address:
 Address:
 10191 W SAMPLE RD SUITE 215

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33065

 Name:
 Name:
 BERKOW, NANCY

 Address:
 Address:
 10191 W SAMPLE RD SUITE 215

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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: KAREN ZIENTS MM 04/27/2007