

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078185

FILED
Mar 19, 2008
Secretary of State

Entity Name: MB FAMILY, LLC

Current Principal Place of Business:

184331 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

18433 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424

Current Mailing Address:

184331 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, MURRAY L MD
184331 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424 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: BAKER, MURRAY L MD
Address: 184331 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: MGRM () Delete
Name: BAKER, VIRGINIA
Address: 184331 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: LPTR (X) Change () Addition
Name: BAKER, VIRGINIA
Address: 184331 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: LPTR () Change (X) Addition
Name: BAKER, MURRAY L JR
Address: 18433 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: LPTR () Change (X) Addition
Name: BAKER, JOHN F
Address: 18433 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: LPTR () Change (X) Addition
Name: BAKER, KRISTEN E
Address: 18433 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: LPTR () Change (X) Addition
Name: BAKER, VIRGINIA N
Address: 18433 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

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: MURRAY L BAKER, M.D.

MGR

03/19/2008

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