


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

07-10-2008 90054 039 ***138.75

DOCUMENT # L06000110444	
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1. Entity Name MB INVESTMENTS LLC	Principal Place of Business 2950 GLADES CIR STE 1 WESTON, FL 33327	Mailing Address 2950 GLADES CIR STE 1 WESTON, FL 33327
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2. Principal Place of Business - No P.O. Box # 2950 Glades Circle	3. Mailing Address ffurnari@noicaffe.net
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.

City & State Weston	City & State
Zip 33327	Country

08042008 Chg-LLC CR2E083 (12/06)

4. FEI Number ADDED FOR 20-5963980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FURNARI, FRANCESCO 11380 PROSPERITY FARMES ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMUDEZ, MANUEL 2950 GLADES CIR STE 1 WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MANUEL Bermudez 08/04/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #