

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-15-2008 90053 018 ***138.75

DOCUMENT # L07000024728 1. Entity Name MAB ENTERPRISES, LLC					
Principal Place of Business 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239			Mailing Address 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239		
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	4. FEI Number 20-8743530	
5. Certificate of Status Desired ☐				Applied For No: Applicable	
6. Name and Address of Current Registered Agent LONG, FRANCES 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239				7. Name and Address of New Registered Agent Name LONG, FRANCIS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 and must be notarized) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, FRANCIS 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LONG, FRANCIS 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZARD, KATHLEEN 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAZARD, KATHLEEN 1510 SOUTH TUTTLE AVENUE SARASOTA FL 34239	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHATMORE, JAMES C. 1510 S. TUTTLE AVENUE SARASOTA, FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Francis Long</u> 1/3/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE FRANCIS LONG, MAN. MEMBER					