

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034238

Entity Name: MFB INVESTMENTS, L.L.C.

FILED  
Feb 25, 2008  
Secretary of State

**Current Principal Place of Business:**

11710 ST. ANDREWS PLACE, UNIT 202  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11710 ST. ANDREWS PLACE, UNIT 202  
WELLINGTON, FL 33414

**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:**

LANZA, LISA  
200 CRANDON BLVD., SUITE 311  
KEY BISCAYNE, FL 33149 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition  
Name: FALCONI, ANGELICA  
Address: 11710 ST ANDREWS PL APT 202  
City-St-Zip: WELLINGTON, FL 33414

Title: MS ( ) Change (X) Addition  
Name: FALCONI, MICAELA  
Address: 11710 ST ANDREWS PL APT 202  
City-St-Zip: WELLINGTON, FL 33414

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: ANGELICA FALCONI

MRS

02/25/2008

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