2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034238

City-St-Zip:

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

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11710 ST. ANDREWS PLACE, UNIT 202 WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 11710 ST. ANDREWS PLACE, UNIT 202 WELLINGTON, FL 33414 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANZA, LISA 200 CRANDON BLVD., SUITE 311 KEY BISCAYNE, FL 33149 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete FALCONI, ANGELICA Name: Name: Address: 11710 ST ANDREWS PL APT 202 Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: Title: MS () Delete Title: () Change () Addition Name: FALCONI, MICAELA Name: Address: 11710 ST ANDREWS PL APT 202 Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: MIGUEL, FALCONI Name: 11710 ST ANDREWS PL APT 202 Address: Address:

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.

City-St-Zip:

WELLINGTON, FL 33414

SIGNATURE: MIGUEL FALCONI B MR 04/07/2009