

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060239

FILED
Jul 09, 2009
Secretary of State

Entity Name: MBF FAMILY PARTNERS, LLC

Current Principal Place of Business:

10305 S.W. 68TH COURT
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

10305 S.W. 68TH COURT
MIAMI, FL 33156

New Mailing Address:

FEI Number: 26-0542812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIELDSTONE, RONALD R
10305 S.W. 68TH COURT
MIAMI, FL 33156 US

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: MGR () Delete
Name: RONALD, FIELDSTONE
Address: 10305 SW 68TH COURT
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: FIELDSTONE, MICHAEL
Address: 101 WEST 67 STREET, APT. 54F
City-St-Zip: NEW YORK, NY 10023

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RONALD, FIELDSTONE R
Address: 10305 SW 68TH COURT
City-St-Zip: MIAMI, FL 33156

Title: MGR (X) Change () Addition
Name: FIELDSTONE, MICHAEL B
Address: 101 WEST 67 STREET, APT. 54F
City-St-Zip: NEW YORK, NY 10023

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: RONALD R. FIELDSTONE

MGR

07/09/2009

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