2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L07000071349

Entity Name: MBP OF STUART, LLC

Current Principal Place of Business:

1843 N.W. 22ND STREET
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1843 N.W. 22ND STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 26-0524501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORCELLI, BARBARA
1843 N.W. 22ND STREET
STUART, FL 34994 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:	MGRM	( ) Delete
Name:	BERGEN, MARIE	
Address:	12299 FLORIDA AVENUE	
City-St-Zip:	STUART, FL 34994	
Title:	MGRM	( ) Delete
Name:	PORCELLI, BARBARA	
Address:	1843 N.W. 22ND STREET	
City-St-Zip:	STUART, FL 34994	
Title:	MGRM	( ) Delete
Name:	KOSTER, PATRICIA	
Address:	42 GUERNEY DRIVE	
City-St-Zip:	NEW WINDSOR, NY 12550	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BARBARA PORCELLI MM 03/11/2009

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