

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000076273

1. Entity Name  
MB-ATLANTA, LLC



Principal Place of Business  
6820 LYONS TECHNOLOGY CIRCLE, SUITE 100  
C/O BUTTERS REAL ESTATE FUNDS, LLC  
COCONUT CREEK, FL 33073

Mailing Address  
6820 LYONS TECHNOLOGY CIRCLE, SUITE 100  
C/O BUTTERS REAL ESTATE FUNDS, LLC  
COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number <i>26-0612446</i>	Applied For Not Applicable
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Zip

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUK, JANE A  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Mr. & Mrs. Mark Butters  
6820 Lyons Tech Cir. #100  
Coconut Creek, FL 33073*

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Mr. & Mrs. Mark Butters  
6820 Lyons Tech Cir. #100  
Coconut Creek, FL 33073*

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

30010367



05-22-2008 90513 038 \*\*\*138.75

**FILED  
Jul 14, 2008 8:00 am  
Secretary of State**