

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-22-2008 90513 038 ***138.75

30010367



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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04302008 Chg-LLC CR2E083 (12/08) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">26-0612446</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOUK, JANE A 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130	
7. Name and Address of New Registered Agent 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 _____ (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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10. ADDITIONS/CHANGES <div style="border: 1px solid black; padding: 5px;"> Mr. William Butters 6820 Lyons Technology Cir. #100 Coconut Creek, FL 33073 </div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					