

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087032

FILED
Mar 11, 2009
Secretary of State

Entity Name: MBBJM, LLC

Current Principal Place of Business:

3501B N. PONCE DE LEON BLVD
308
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3501B N. PONCE DE LEON BLVD
308
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 06-1823768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEDOM FINANCIAL, LLC
3501B N. PONCE DE LEON BLVD
308
SAINT AUGUSTINE, FL 32084 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: CARPENTER, ROBERT
Address: 88 LOCUST POINT ROAD
City-St-Zip: ELKINS PARK, MD 21921

Title: MGRM () Delete
Name: MEASE, MARC A
Address: 131 BRINKLEY DRIVE
City-St-Zip: SELLERSVILLE, PA 18960

Title: MGRM () Delete
Name: FREEDOM FINANCIAL, L, LC
Address: 3501B N PONCE DE LEON BLVD #308
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: BRENNAN P. MEASE

MGRM

03/11/2009

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