

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099670

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: M.B.ENTERPRISES LAKE COUNTY L.L.C.

**Current Principal Place of Business:**

31129 INDUSTRY DRIVE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.1974  
EUSTIS, FL 32727

**New Mailing Address:**

FEI Number: 90-0422704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PAULS MARINE INC  
31129 INDUSTRY DRIVE  
TAVARES, FL 32778 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: MGR ( ) Delete  
Name: BANNICK, MICHAEL L  
Address: 32410 LAKESHORE DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: MGR ( ) Delete  
Name: PAULS MARINE INC.(PA, UL ALBRECHT PR E S)  
Address: 31129 INDUSTRY DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: MGR (X) Delete  
Name: ALBRECHT, PAUL W  
Address: 17706 S.E.237TH COURT  
City-St-Zip: UMATILLA, FL 32784 US

**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: MICHAEL L.BANNICK

MGR

03/28/2009

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