2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000365

Entity Name: MB MANAGEMENT, L.C.

SIMMONDS, JOEL L

4833 COLLINS AVENUE, SUITE 1714

MIAMI BEACH, FL 33140 US

Name:

Address: City-St-Zip:

FILED May 01, 2008 Secretary of State

() Change () Addition

Current Principal Place of Business: New Principal Place of Business: 4833 COLLINS AVENUE C/O OBR SUITE 1714 MIAMI BEACH, FL 33140 US **New Mailing Address: Current Mailing Address:** PO BOX 140668 CORALGABLES, FL 33114 US FEI Number: 65-0443295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES, FL 33134 US 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: ADDITIONS/CHANGES: MGRP Title: () Delete (X) Change () Addition MURRAY, JACQUES G MURRAY, JACQUES G Name: Name: Address: 22 RUE DE L'ATHENEE Address: 10 BRUTON STREET 5 TH FLOOR City-St-Zip: 1206 GENEVA, CH City-St-Zip: W1J6PX LONDON, UK Title: () Delete Title: (X) Change () Addition Name: PILLOIS, JEAN C Name: LEON, MARIE CLAIRE Address: 4833 COLLINS AVENUE, SUITE 1714 Address: 1017 NORTH BEVERLY DRIVE City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: BEVERLY HILLS, CA 90210 US Title: (X) Delete Title: () Change () Addition SEBAG, EMMANUEL Name: Name: 4833 COLLINS AVENUE, SUITE 1714 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: POLLARD, RICHARD J Name: 4833 COLLINS AVENUE, SUITE 1714 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: Title: (X) Delete Title:

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.

Name:

Address:

City-St-Zip:

MGRP SIGNATURE: JACQUES G MURRAY 05/01/2008